



## SUBSTANCE ABUSE RESOURCE GUIDE

# Lesbian, Gay, Bisexual, and Transgender Populations

Many lesbian, gay, bisexual, and transgender persons (LGBT) face discrimination. The psychological, physical, and sexual abuse that LGBT persons experience cause many to turn to alcohol and drug abuse or other forms of addiction. Others get caught up in sensation-seeking subcultures. Some LGBT persons struggling with their sexual identity feel a severe enough alienation to turn to suicide.

This resource guide provides information on substance abuse issues in the lesbian, gay, bisexual, and transgender communities, and most of the materials target these diverse populations. Also, the guide examines the linkages between substance abuse and the consequences of use, including HIV/AIDS. The reader will find a range of materials—from brochures to videos to abstracts, and an extensive list of organizations to contact for more information. It is our expectation that substance abuse and addiction counselors, doctors, family members, those in recovery, and those seeking help, will find the resources in this guide most useful.

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Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention



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Substance Abuse and Mental  
Health Services Administration

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# Lesbian, Gay, Bisexual, and Transgender Populations



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention

The listing of materials or programs in this resource guide does not constitute or imply endorsement by the Center for Substance Abuse Prevention, the Public Health Service, the Substance Abuse and Mental Health Services Administration, or the Department of Health and Human Services. The materials have been reviewed for accuracy, appropriateness, and conformance with public health principles.

This Substance Abuse Resource Guide was compiled from a variety of publications and data bases and represents the most current information to date. It is not an all-inclusive listing of materials on this topic. This guide will be updated regularly, and your comments or suggestions are welcome. To suggest information or materials that might be included in future editions, please write to SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847-2345.

Produced by SAMHSA's National Clearinghouse for Alcohol and Drug Information, Denise C. Jones, editor.

For further information on alcohol, tobacco, and illicit drugs, call 1-800-729-6686, 301-468-2600, or TDD 1-800-487-4889. Or visit us on our World Wide Web site at <http://www.health.org>.



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## Lesbian Health: Current Assessment and Directions for the Future

The Institute of Medicine Committee on Lesbian Health Research Priorities convened a workshop in 1997 to examine specific issues related to research and lesbians' risk for certain health conditions including: cancer, mental health problems, substance abuse, HIV infection, and sexually transmitted diseases. This report is based on the committee's deliberations and reflects its review and evaluation of the scientific literature on lesbian health and of information presented at the workshop.

**Editor:** Solarz, A.L.

**Organization:** Institute of Medicine, National Academy Press

**Year:** 1999

**Format:** Book (paperback)

**Length:** 256 pages

**Topic:** Lesbian health

**Target Audience:** Lesbians and other women, health providers, policymakers, and general public

**Availability:** National Academy Press, 2101 Constitution Avenue, N.W., Box 285, Washington, DC 20055; 202-334-3313

**Cost:** \$19.95

## Vastly More Than That

*Vastly More Than That* is an analysis of gay men and lesbians that explore both the universality of the recovery experience and the special nature of recovery as lesbians and gay men experience it. The stories look at the struggles and successes of those in recovery in the gay community. This book covers topics such as overcoming crippling self-hatred, dealing with compulsive behavior and addiction, and focusing on honest self-exploration.

**Author:** Kettelhack, G.

**Organization:** Hazelden Information and Educational Services

**Year:** 1999

**Format:** Book

**Length:** 224 pages

**Topic:** Recovery from addiction and substance abuse

**Target Audience:** Lesbians and gay men

**Availability:** Hazelden Information and Educational Services, 15251 Pleasant Valley Road, P.O. Box 176, Center City, MN 55012-0176; 800-328-0098

**Cost:** \$12.95

## Glad Day

Poet and playwright Joan Larkin's meditations for gay, lesbian, bisexual, and transgender people combine an accepting attitude towards sexuality with traditional recovery themes.

**Author:** Larkin, J.

**Organization:** Hazelden  
Information and Educational  
Services

**Year:** 1998

**Format:** Book

**Length:** 400 pages

**Topic:** Lesbians, gays, and  
bisexuals in recovery

**Target Audience:** Lesbians,  
gay men, and bisexuals

**Availability:** Hazelden  
Information and  
Educational Services,  
15251 Pleasant Valley  
Road, P.O. Box 176,  
Center City, MN 55012-  
0176; 800-328-0098

**Cost:** \$11

## Lesbian and Gay Youth: Care and Counseling

This book explores the mental and physical health needs of lesbian/gay/bisexual/transgender (LGBT) youth. Not only does it assist LGBT youth and their families, it is also a useful resource for health care providers. *Lesbian and Gay Youth* covers the following areas: sexuality, body image, STDs, HIV, emotional health and well-being, racial and ethnic diversity, physical disabilities, gender, depression, sex, suicide, pregnancy, relationships, alcohol and drugs, fitness, and more.

**Authors:** Ryan, C.;  
Futterman, D.

**Availability:** Bookstores

**Cost:** \$45

**Year:** 1998

**Format:** Book (hardcover)

**Length:** 175 pages

**Topic:** Mental health of gay  
and lesbian youth

**Target Audience:** Lesbian  
and gay youth

## **Accepting Ourselves and Others—A Journey Into Recovery From Addictive and Compulsive Behaviors for Gays, Lesbians, and Bisexuals**

Fully revised, this second edition book addresses the problems and needs specific to substance abusers in LGBT communities. It examines recovery as it pertains to LGBT persons, their friends, families, and treatment professionals. The book includes an entire section to assist professionals working with individuals from LGBT communities.

**Authors:** Kominars, S.B.; Kominars, K.B.

**Organization:** Hazelden Information and Educational Services

**Year:** 1996

**Format:** Book

**Length:** 300 pages

**Topic:** Recovery from substance abuse and addiction

**Target Audience:** Gays, lesbians, and bisexuals

**Availability:** Hazelden Information and Educational Services, 15251 Pleasant Valley Road, P.O. Box 176, Center City, MN 55012-0176; 800-328-0098

**Cost:** \$18.95

## **Addiction & Recovery in Gay & Lesbian Persons**

This book was published as a special issue of the *Journal of Gay & Lesbian Social Services*, Vol. 2, No. 1, 1995. *Addiction & Recovery...* features a review of alcohol and drug abuse incidence, chemical dependency and HIV infection, homophobia, relationship issues, spirituality in the gay community, and gay special interest groups in Alcoholics Anonymous.

**Editor:** Kus, R.J.

**Year:** 1995

**Format:** Book (paperback)

**Length:** 118 pages

**Topic:** Substance abuse and HIV

**Target Audience:** Lesbian and gay persons in substance abuse recovery

**Availability:** Bookstores

**Cost:** \$9.95

## **Preventing Alcohol and Other Drug Problems in the Lesbian and Gay Communities**

This is a comprehensive handbook that presents strategies to prevent alcohol and drug problems among lesbians and gay men.

**Author:** Kelly, J.

**Organization:** EMT Group, Inc.

**Year:** 1995

**Format:** Handbook

**Length:** 70 pages

**Topic:** Alcohol and substance abuse prevention

**Target Audience:** Lesbians and gay men

**Availability:** Progressive Research and Training for Action; Lesbian, Gay, and Transgender Technical Assistance Project, 440 Grand Avenue, Suite 401, Oakland, CA 94610-5012; 510-465-0547

**Cost:** Free to California residents and professionals working in California (\$ .10 per page for non-California residents)

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## **Black Women's Health Book: Speaking for Ourselves**

In this expanded second edition, noted feminist writer and editor Evelyn C. White, along with over 50 African-American women, write about health issues that affect their community. Contributing writers include Alice Walker, Audre Lorde, Barbara Smith, Blylle Y. Avery, and bell hooks. The topics discussed include: homophobia, wholistic healing, HIV/AIDS, menopause, and more.

**Editor:** White, E.C.

**Publisher:** Seal Press

**Year:** 1994

**Format:** Book

**Length:** 396 pages

**Topic:** African-American women's health

**Availability:** Bookstores

**Cost:** \$16.95

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## **Body & Soul: The Black Woman's Guide to Physical Health & Emotional Well-Being**

Developed in conjunction with the National Black Women's Health Project, this book is a comprehensive guide that addresses the physical, emotional, and spiritual health of African-American women. It features in-depth information about a myriad of health problems. Also, first person narratives by women who talk about an array of health concerns are included in this large volume. Each chapter provides an extensive resource list.

**Editor:** Villarosa, L.

**Publisher:** Harper Perennial Library

**Year:** 1994

**Format:** Book

**Length:** 528 pages

**Topic:** African-American women's health

**Target Audience:** African-American women

**Availability:** Bookstores

**Cost:** \$22

## **Lesbians and Gay Men: Chemical Dependency Treatment Issues**

*Lesbians and Gay Men* was published as a special issue of the *Journal of Chemical Dependency Treatment*, Vol. 5, No. 1, 1992. This book features several articles that cover a broad range of treatment issues for gays and lesbians in recovery. Also, it provides information for heterosexual therapists with gay and lesbian clients, particularly regarding homophobia in the context of recovery.

**Author:** Weinstein, D.L.

**Availability:** Bookstores

**Year:** 1993

**Cost:** \$14.95

**Format:** Book (paperback)

**Length:** 175 pages

**Topic:** Substance abuse treatment

**Target Audience:** Lesbian and gay persons and mental health professionals

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## **Opening Doors—Making Substance Abuse and Other Services More Accessible to Lesbian, Gay, and Bisexual Youth**

In this book, author Bonnie Simpson explores the risks, issues, and service needs unique to lesbian, gay, and bisexual youth. Using data drawn from a large-scale study of the experiences of the youth, *Opening Doors* offers managers and frontline health and social service workers a blueprint for providing accessible and equitable services to youth who are underserved in this area.

**Author:** Simpson, B.

**Availability:** National Resource Center for Youth Services, The University of Oklahoma, 202 West 8th Street, Tulsa, OK 74119-1419; 918-585-2986

**Year:** 1993

**Cost:** \$15

**Format:** Book

**Length:** 76 pages

**Topic:** Substance abuse prevention

**Target Audience:** Lesbian, gay, and bisexual youth

# ***Booklets, Brochures, and Fact Sheets***

## **Ethical Funding for LGBT & HIV/AIDS Community-Based Organizations: Practical Guidelines When Considering Tobacco, Alcohol and Pharmaceutical Funding**

This booklet assists LGBT persons and HIV/AIDS organizations to develop sponsorship guidelines when seeking corporate donations in the tobacco, alcohol, and pharmaceutical industries. Each corporate sector has campaigns that target the LGBT community, and questions are raised about the congruency of organizations' missions, funding policies, and their relationship to products that have adverse effects in the LGBT community. The booklet provides examples of policies that can be adopted by "community based organizations to protect the integrity of their organizations, enhance their overall funding strategy, and support the health and well-being of the LGBT community as a whole."

**Author:** Drabble, L.

**Organization:** Coalition of Lavendar Americans on Smoking and Health (CLASH) and the California Lavendar Smokefree Project

**Year:** 1999

**Format:** Booklet

**Length:** 33 pages

**Topic:** Funding by alcohol, tobacco, and pharmaceutical companies

**Target Audience:** LGBT and HIV/AIDS organizations

**Availability:** CLASH c/o Progressive Research and Training for Action, 440 Grand Avenue, Suite 401, Oakland, CA 94610-5012; 510-465-0547

**Cost:** Free to California residents and professionals working in California (\$.10 per page for non-California residents)

## **Lesbian, Gay, Bisexual and Transgender Resource File**

This document is a resource list of booklets, conference items, articles, and other materials that focus on the LGBT community and substance abuse.

**Organization:** Progressive Research & Training for Action and the National Association of Lesbian & Gay Addiction Professionals, Inc.

**Year:** 1998

**Format:** Booklet

**Length:** 30 pages

**Topic:** LGBT and substance abuse

**Target Audience:** General public

**Availability:** Progressive Research & Training; Lesbian, Gay & Transgender Technical Assistance Project, 440 Grand Avenue, Suite 401, Oakland, CA 94610-5012; 510-465-0547

**Cost:** Free to California residents and professionals working in California (\$.10 per page for non-California residents)

## Stopping Stereotypes: Gays, Lesbians, and Alcoholism

This brochure focuses on the stereotypes experienced by lesbians and gay men based in homophobic perspectives. It notes the difficulties of what it means to be "different," and how gays and lesbians have a greater propensity to abuse alcohol often resulting from internal and external homophobia. Hain points out the importance of being true to self and accepting one's sexual orientation. The author provides a list of informational resources on self-help groups, such as Alcoholics Anonymous, with all-gay chapters.

**Author:** Hain, D.

**Organization:** Do It Now Foundation

**Year:** 1998

**Format:** Brochure

**Length:** 6 pages

**Topic:** Alcohol abuse prevention

**Target Audience:** Gays and lesbians

**Availability:** Do It Now Foundation, P.O. Box 27568, Tempe, AZ 85285; 602-736-0599

**Cost:** \$.50 each for qty. of 10; \$3.95 for qty. of 50; \$11 for qty. of 100

## Empowerment of Latinas in Recovery

This booklet covers empowerment and the Latina, an overview of Latino culture, assimilation, acculturation and transculturation, and implications for treatment and recovery.

**Author:** Gardea, L.

**Organization:** PROTOTYPES

**Year:** 1995

**Format:** Booklet

**Length:** 43 pages

**Topic:** Substance abuse recovery

**Target Audience:** Latinas in recovery

**Availability:** Progressive Research and Training for Action; Lesbian, Gay & Transgender Technical Assistance Project, 440 Grand Avenue, Suite 401, Oakland, CA 94610-5012; 510-465-0547

**Cost:** Free to California residents and professionals working in California (\$.10 per page for non-California residents)

## **Creating Visibility: Providing Lesbian-Sensitive and Lesbian-Specific Alcoholism Recovery Services**

This document, originally developed as a training curriculum project of the Alcoholism Center for Women in Los Angeles, provides a clear overview of issues for lesbians with alcohol-related problems, including: specific issues for lesbians of color, issues for lesbians who are trauma survivors, and considerations for lesbian families. Practical strategies creating lesbian sensitive services in relation to outreach, administration, and program design are provided.

**Author:** Underhill, B.L.

**Year:** 1994

**Format:** Booklet

**Length:** 63 pages

**Topic:** Alcoholism treatment

**Target Audience:** Lesbians

**Availability:** Progressive Research and Training for Action; Lesbian, Gay, and Transgender Technical Assistance Project, 440 Grand Avenue, Suite 401, Oakland, CA 94610-5012; 510-465-0547

**Cost:** Free to California residents and professionals working in California (\$.10 per page for non-California residents)

## **Other 'Gay Plague': Alcoholism in the Gay/ Lesbian Community**

This brochure describes the special problems and needs of gay and lesbian alcoholics. Resources and support group information is provided.

**Author:** Hain, D.

**Organization:** Do It Now Foundation

**Year:** 1986

**Format:** Brochure

**Length:** 6 pages

**Topic:** Alcohol abuse intervention and treatment

**Target Audience:** Alcohol and drug treatment professionals, gay men, and lesbians

**Availability:** Do It Now Foundation, 2750 S. Hardy Drive, Suite 2, Tempe, AZ 85282; 602-736-0599

**Cost:** Not listed

# *Magazines and Newsletters*

## **Fe\*Mail Magazine**

This magazine educates lesbians about health and wellness. *Fe\*Mail* includes information about activities and events in the lesbian community.

**Publisher:** Borah, P.

**Year:** Published monthly

**Format:** Magazine

**Length:** 16 pages

**Topic:** Lesbian health and well-being

**Target Audience:** Lesbians (ages 30 years and older)

**Availability:** *Fe\*Mail Magazine*, P.O. Box 75392, Washington, DC 20013; 800-798-3477

**Cost:** \$20 for annual subscription

## **In the Wind**

*In the Wind* includes features and information on the prevalence and prevention of AIDS in Native American communities.

**Publisher:** National Native American AIDS Prevention Center

**Year:** Published quarterly

**Format:** Newsletter

**Length:** 8 pages

**Topic:** AIDS in Native America

**Target Audience:** Gay, lesbian, bisexual, and heterosexual Native Americans

**Availability:** National Native American AIDS Prevention Center, 134 Linden Street, Oakland, CA 94607; 510-444-2051

**Cost:** Free

## **National Association of Lesbian and Gay Addiction Professionals (NALGAP)**

This quarterly newsletter highlights issues concerning gays and lesbians and alcohol, tobacco, and drugs (ATD). Each issue includes information about upcoming conferences and events for people in the field, articles about health issues including addiction, HIV, and book reviews. Stories about ATD professionals who are making a difference in the gay and lesbian communities are also featured.

**Publisher:** National Association of Lesbian and Gay Addiction Professionals, Inc.

**Year:** Published quarterly

**Format:** Newsletter

**Length:** 8 pages

**Topic:** Alcohol and drug abuse prevention, intervention, and treatment

**Target Audience:** Substance abuse prevention professionals serving lesbian and gay populations

**Availability:** National Association of Lesbian and Gay Addiction Professionals, Inc., c/o NAADAC, 1911 North Fort Myer Drive, Suite 900, Arlington, VA 22209; 703-465-0539

**Cost:** Not listed

## ***Prevention Pipeline***

Winner of the National Health Information's 1996 and 1998 Merit Award, *Prevention Pipeline* is a bimonthly magazine that features articles and information on substance abuse prevention. It features research abstracts, descriptions of new materials, upcoming conferences, news from the field, funding resources, public service ads, and reprinted materials. Subscribers are encouraged to share information published in *Prevention Pipeline*.

**Publisher:** Center for Substance Abuse Prevention (CSAP)

**Year:** Published bimonthly

**Format:** Magazine

**Length:** 60 pages

**Topic:** Alcohol and substance abuse

**Target Audience:** Substance abuse prevention professionals, educators, parents, teens, and adults

**Availability:** SAMHSA's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686

**Internet:** [www.health.org](http://www.health.org)

**Cost:** Subscriptions are \$28 for domestic orders, \$32 for international orders

## Venus

*Venus* magazine features articles and advertisements that focus on the African American lesbian, gay, bisexual, and transgender (LGBT) community. It also includes information that focuses on health and well-being.

**Publisher:** Cothran Publications, Inc.

**Year:** Published quarterly

**Format:** Magazine

**Length:** 60 pages

**Topic:** Issues and activities in the African American LGBT community

**Target Audience:** African American LGBT persons

**Availability:** Cothran Publications, Inc., P.O. Box 150, Hastings on Hudson, NY 10706; 914-376-6161

**Cost:** \$14.95 for an annual subscription

## Women in the Life Magazine

*Women in the Life* is a national publication that features articles, program events, and information on lesbians and bisexual women, including health and wellness issues.

**Publisher:** Women in the Life

**Year:** Published monthly

**Format:** Magazine

**Length:** 28 pages

**Topic:** Issues and activities in the lesbian community

**Target Audience:** Lesbians and bisexual women

**Availability:** Women in the Life, 1611 Connecticut Avenue, NW, Suite 2-B, Washington, DC 20009; 202-483-9818

**Cost:** \$20 for annual subscription

## Lesbian, Gay, Bisexual, Transgender SIG

SIG is a special interest group of NAADAC. Their newsletter premiered in spring 1999 and it provides information on upcoming publications and events specifically related to the lesbian, gay, bisexual, and transgender (LGBT) community.

**Organization:** National Association of Alcoholism and Drug Abuse Counselors (NAADAC) SIG

**Year:** Published quarterly

**Format:** Newsletter

**Length:** 4 pages

**Topic:** Substance abuse issues

**Target Audience:** Lesbian, gay, bisexual, and transgender persons

**Availability:** NAADAC SIGs, 1911 North Fort Myer Drive, Suite 900, Arlington, VA 22209; 703-741-7686, 800-548-0497

**Cost:** \$15 per year for NAADAC members

# **Classroom Materials and Kits**

## **Removing Barriers to Health Care for Lesbian, Gay, Bisexual & Transgendered Clients: A Model Provider Education Pro- gram**

This is a training curriculum and resource guide for health care providers. It addresses the barriers to health education, disease prevention, and treatment for lesbian, gay, bisexual, and transgender (LGBT) clients.

**Organization:** National Lesbian and Gay Health Association and the Mautner Project for Lesbians with Cancer

**Year:** 1997

**Format:** Curriculum

**Length:** 31 pages

**Topic:** Health education—prevention and treatment

**Target Audience:**  
Lesbians, gays, bisexuals, and transgender persons

**Availability:** Progressive Research and Training for Action; Lesbian, Gay, and Transgender Technical Assistance Project, 440 Grand Avenue, Suite 401, Oakland, CA 94610-5012; 510-465-0547

**Cost:** Free to California residents and professionals working in California (\$ .10 per page for non-California residents)

## **Relapse and HIV Risk—A Component of Hazelden's Complete Relapse Prevention Skills Program**

This package combines a video, a pamphlet, and a workbook to maximize a person's learning potential about the hazards brought on by receiving a positive HIV diagnosis. The viewer sees how others manage their behaviors to avoid chemical dependency relapse in the dramatic video. The interactive workbook encourages clients to develop their own relapse prevention plan to reduce their risk of contracting HIV or begin using alcohol and drugs again.

**Authors:** Swanson, J.; Cooper, A.

**Organization:** Hazelden Information and Educational Services

**Year:** 1995

**Format:** Various materials

**Length:** Pamphlet—32 pages, workbook—32 pages, and videotape—15 minutes

**Topic:** Substance abuse and HIV/AIDS

**Target Audience:** General public (adults)

**Availability:** Hazelden Information and Educational Services, 15251 Pleasant Valley Road, P.O. Box 176, Center City, MN 55012-0176; 800-328-0098

**Cost:** Pamphlet—\$2, workbook—\$2.50, and videotape—\$85

# *Videos, Posters, and Other Items*

## **All God's Children**

A political, social, and religious analysis of sexual orientation in the context of African-American cultural values is explored in this documentary short. The video features the voices of politicians, religious leaders, intellectuals, families, and activists. "All God's Children" particularly looks at the impact of societal alienation and homophobia on gays and lesbians.

**Organization:** Woman Vision Films, National Gay and Lesbian Task Force, and the National Black Lesbian and Gay Leadership Forum

**Year:** 1996

**Format:** Videotape

**Length:** 26 minutes

**Topic:** Alienation and inclusion based on sexual orientation

**Target Audience:** Black gays and lesbians

**Availability:** Transit Media Film Library, 22-D Hollywood Ave., Hohokus, NJ 07423; 800-343-5540

**Cost:** \$39.95 includes shipping and handling in the U.S.

## **Facing the Challenge: Gay and Lesbian Teens**

Kathy Herbst discusses ways in which adults can communicate with gay and lesbian teens about their needs and concerns.

**Organization:** Syndistar, Inc.

**Year:** 1996

**Format:** Videotape

**Length:** 51 minutes

**Topic:** Gay and lesbian teens and substance abuse

**Target Audience:** Lesbian and gay teens

**Availability:** Syndistar, Inc., 5801 River Road, New Orleans, LA 70123-5106; 800-841-9532

**Cost:** \$79.95

## **Safe "T" Lessons: HIV Prevention in the Transgender Community**

This unique video is a series of interviews with transgender persons who represent the ethno-cultural diversity and range of identities and experiences that constitute the transgender communities, including drag, cross-dressing, men and women of transexual experience, of all sexual orientations. The video chronicles the development and implementation of a New York City community-based peer implemented HIV and substance abuse prevention initiative that integrates community building with safer sex education and street outreach. Information on hormone needle exchange and medical concerns is included.

**Organization:** Gender Identity Project, Lesbian and Gay Community Services Center

**Year:** 1996

**Format:** Videotape

**Length:** 38 minutes

**Topic:** Transgender HIV prevention and transgender community building

**Target Audience:**  
Transgender persons and service providers

**Availability:** Gender Identity Project, Lesbian and Gay Community Services Center, One Little West 12th Street, New York, NY, 10014; 212-620-7310

**Cost:** \$5 plus shipping

## **101 Ways to Get High Without Drugs**

Both the poster and the pamphlet list more than 100 creative alternatives to drug use, including: smell some flowers, play with your cat, go hiking, go to a movie, sit by the river, hang out with friends, and hug someone.

**Organization:** ETR Associates

**Year:** 1995

**Format:** Kit (poster and pamphlet)

**Length:** 1 page each

**Topic:** Drug abuse prevention

**Target Audience:** General public

**Availability:** ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; 800-321-4407

**Cost:** Posters—\$6 for qty. 1-99, \$5.50 for qty. 100-199, \$5 for qty. 200+; Pamphlet—\$16 for qty. 50, \$30 for qty. 100

## **Open the Door**

These items feature a vibrant and colorful painting of culturally diverse people in conversation. Around the border of the illustration it reads, "Open the door. Swallow your pride. Pass the cup of friendship. Pour out your story. Open your heart." (Also available in Spanish.)

**Organization:** FACE (Truth and Clarity on Alcohol)

**Year:** 1994

**Format:** Poster, T-shirt, bookmark, and table tent

**Length:** Variable

**Topic:** Alcohol abuse prevention

**Available:** FACE, 105 West Fourth Street, Clare, MI 48617; 888-822-3223

**Cost:** Poster—\$5, T-shirt—\$15, Bookmark (pkg. of 200)—\$50 (volume discount available), Table tent (pkg. of 100)—\$45 (volume discount available)

**Target Audience:** Young adults

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## **Straight from the Heart**

This video explores the manifestations of racial and sexual orientation bigotry from the perspective of parents with gay or lesbian children. A discussion guide is included.

**Organization:** Woman Vision Films

**Year:** 1994

**Format:** Videotape

**Length:** 24 minutes

**Topic:** Gays and lesbians experience homophobia

**Availability:** Transit Media Film Library, 22-D Hollywood Ave., Hohokus, NJ 07423; 800-343-5540

**Cost:** \$39.95 includes shipping and handling in the U.S.

**Target Audience:** Gays and lesbians, and parents of gay and lesbian children

## AIDS Caregiving

**Tape one, side one:** Voices of People Who Care—This explores the unique aspects of caring for someone with HIV disease, the problems and concerns of caregivers in diverse communities, and how to cope with day-to-day aspects of caregiving.

**Tape one, side two:** Caregiving at its Best—This side discusses the motivation of people to become AIDS caregivers, and the capacity for deepening relationships, support for caregivers, and limit-setting.

**Tape two, side one:** Prescription for Burnout and Compassion Fatigue—This portion explores “on the job training” as a caregiver. Moreover, how does one deal with the caregiver’s concerns when she/he is HIV positive?

**Tape two, side two:** How Caregiving Changes You—This part explores a person’s compassion and self-awareness, the caregivers’ paradox, developing a greater tolerance for ambiguity, discovering spirituality, and hope.

**Organization:** Connecticut Clearinghouse

**Year:** 1993

**Format:** Audiocassette series

**Length:** Variable

**Topic:** Caregiving to persons with AIDS

**Target Audience:** Gays, lesbians, bisexuals, and heterosexuals

**Availability:** Connecticut Clearinghouse, 334 Farmington Avenue, Plainville, CT 06062; 800-232-4424

**Cost:** Loaned to Connecticut Clearinghouse members free (requires residency in Connecticut). Contact the clearinghouse for membership information.

## Lesbian Alcoholism and Recovery: A Selected Bibliography

This is a bibliography of materials specifically focusing on alcoholism and the recovery process among lesbians.

**Author:** Underhill, B.L.

**Year:** 1993

**Format:** Bibliography

**Length:** 9 pages

**Topic:** Alcoholism and substance abuse recovery

**Target Audience:** Lesbians

**Availability:** Progressive Research and Training for Action; Lesbian, Gay & Transgender Technical Assistance Project, 440 Grand Avenue, Suite 401, Oakland, CA 94610-5012; 510-465-0547

**Cost:** Free to California residents and professionals working in California (\$.10 per page for non-California residents)

## **Tap into a New Community Spirit**

Targeting alcohol consumption at festivals, the image features someone at a tap filling a cup with cherry soda instead of beer. Under the image it says, "Every year, thousands of towns across the country gear up for their annual festivals. Too often these events focus on alcohol. This year, show kids the real meaning of community spirit. And let the good times roll!" This image speaks to the need to substitute beer and alcohol with non-alcoholic beverages, which is particularly relevant for the annual gay pride festivals held around the country.

**Organization:** FACE (Truth and Clarity on Alcohol)

**Year:** 1993

**Format:** Poster, bookmark, and table tent

**Length:** Variable

**Topic:** Alcohol abuse prevention

**Target Audience:** Young adults

**Availability:** FACE, 105 West Fourth Street, Clare, MI 48617; 888-822-3223

**Cost:** Poster—\$5, T-shirt—\$15, Bookmark (pkg. of 200) \$50 (volume discount available), Table tent (pkg. of 100)—\$45 (volume discount available)

## **Project Adept—Race, Culture and Ethnicity: Addressing Alcohol and Other Drug Problems**

This video is designed to enhance participants' understanding of how their own ethnic backgrounds affect patient care, to broaden their perspectives on substance abuse in different cultures, and to provide them with tools to better assess and diagnose substance abuse among a diverse patient population. (This video is from the curriculum by the same title.)

**Organization:** Connecticut Clearinghouse

**Year:** 1992

**Format:** Videotape

**Length:** 34 minutes

**Topic:** Alcohol and drug abuse prevention

**Target Audience:** Physicians and health care providers

**Availability:** Connecticut Clearinghouse, 334 Farmington Avenue, Plainville, CT 06062; 800-232-4424

**Cost:** Not listed

## **Gay, Proud and Sober**

This video describes recovery from a gay viewpoint and how chemical dependency affects the gay population.

**Organization:** Connecticut Clearinghouse

**Year:** 1990

**Format:** Videotape

**Length:** 30 minutes

**Topic:** Substance abuse prevention

**Target Audience:** Jr. high and sr. high school youth and adults

**Availability:** Connecticut Clearinghouse, 334 Farmington Avenue, Plainville, CT 06062; 800-232-4424 or 860-793-9791

**Cost:** Not listed

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## **Living Proof**

Created as a collaboration between Gay Men's Health Crisis and the Center's alcohol and drugs program, Project Connect in 1990, "Living Proof" documents the stories of a diverse group of lesbians, gay men, and bisexual and transgender persons in recovery from substance addiction and dealing with HIV/AIDS. Although the information in the section on medical issues is dated, the video portraits remain a moving testament to the power of community connections in recovery and the importance of recognizing and supporting the special issues of lesbians, gay, bisexual, and transgender (LGBT) persons in need of prevention and treatment.

**Organization:** Project Connect, Lesbian and Gay Community Services Center

**Year:** 1990

**Format:** Videotape

**Length:** 21.5 minutes

**Topic:** Lesbian, gay, bisexual, and transgender substance abuse recovery and HIV issues

**Target Audience:** LGBT community and treatment providers

**Availability:** Project Connect, Lesbian and Gay Community Services Center, One Little West 12th Street, New York, NY 10014; 212-620-7310

**Cost:** \$5 plus shipping

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## **Too Close for Comfort**

This video challenges viewers to examine commonly held misconceptions about gays and lesbians. It focuses on how stereotypes and prejudice feed into homophobia, and recommends positive steps to end discrimination based on sexual orientation and HIV/AIDS.

**Organization:** ETR Associates

**Year:** 1990

**Format:** Videotape

**Length:** 27 minutes

**Topic:** HIV/AIDS education

**Target Audience:** Young adults (lesbian, gay, bisexual, and heterosexual)

**Availability:** ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; 800-321-4407

**Cost:** \$189

# **Studies, Articles, and Reports**

## **Prevalence of Use**

### **Sex, Drugs, and the Culture of Transvestimo in Rio De Janeiro**

*Inciardi, J.A.; Surratt, H.L.; Paulo, R. T.; and Pok, B.H.*

*The International Journal of Transgenderism, 3:1-2, January-June 1999*

Available from James A. Inciardi, Center for Drug and Alcohol Studies, University of Delaware, 77 East Main Street, Newark, DE 19716; 302-831-6286

This article focuses on the transvestite community in Brazil and how its "marginalization impacts the effectiveness of HIV prevention/ intervention programs." A sample of 100 male transvestite sex workers were recruited between 1993 and 1997 and AIDS risk behaviors were examined among them. Nearly half tested positive for HIV infection. (Funded by NIDA, this was a collaborative effort

between the University of Miami School of Medicine and the State University of Rio de Janeiro.) The purpose of the study was to establish a community-based HIV/AIDS surveillance and monitoring system, and to develop and evaluate a culturally appropriate prevention/ intervention program for cocaine users in Rio's favelas and "red light" districts. There were two phases of data collection: (1) street recruitment as part of the overall project's outreach and intervention, and (2) focus groups. Two cohorts of male transvestite prostitutes were included. Descriptive statistics were compiled on demographic characteristics, drug use, and sexual behaviors of participants. Multivariate logistic regression analyses were used. Recommendations for prevention include condom negotiation and empowerment techniques, demonstration and distribution of female condoms (for anal sex), and needle cleaning techniques, given the non-hygienic use of needles for silicone injections.

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### **Geographic Differences in Non-Injection and Injection Substance Use Among HIV-Seropositive Men Who Have Sex With Men: Western United States Versus Other Regions (Supplement to HIV/AIDS Surveillance Study Group)**

*Sullivan, P.S.; Nakashima, A.K.; et al.*

*Journal of Acquired Immune Deficiency Syndrome Human Retrovirol, 19(3): 266-273, 1998*

This study examines the prevalence of and factors associated with the use of alcohol and nonprescription drugs by HIV-seropositive men who have sex with men (MSM), and it describes variations in alcohol and non-prescription drug use by geographic region. The authors analyzed data from a multistate, population- and facility-based interview study conducted in 12 U.S. States and metropolitan areas. Among 9,735 MSM with HIV infection or AIDS who completed a 45-minute interview, nearly one-third reported possible alcohol abuse. Large proportions

of MSM also reported the use of marijuana (51 percent), non-injected cocaine use (31 percent), and crack cocaine use (16 percent) in the 5 years before the interview. Smaller proportions of MSM reported ever having injected cocaine (13 percent), stimulants (8 percent), and heroin (8 percent). Results of logistic regression indicated that in the 5 years before the interview, white MSM were significantly ( $p < .01$ ) more likely than referent (mostly Hispanic) MSM to report use of hallucinogens, marijuana, nitrites, noninjected amphetamines, and diazepam. Black MSM were significantly more likely than referent MSM to report use of race versus referent MSM, and to report residing in the West versus East. The prevalence of alcohol and drug use among HIV-seropositive MSM is high, and prevalence and types of substance use differ by region and racial/ethnic group. To prevent HIV transmission in this population, health departments and community-based organizations must understand the unique local patterns of substance use to develop effective substance abuse prevention and treatment programs.

## **Histories of Substance Use and Risk Behavior: Precursors to HIV Seroconversion in Homosexual Men**

Chesney, M.A.; Barrett, D.C.; and Stall, R.  
*American Journal of Public Health*, 88(1): 113-116, 1998

Available from Margaret A. Chesney, Ph.D.,  
Center for AIDS Prevention Studies, 74  
New Montgomery Street, Suite 600, San  
Francisco, CA 94105

This study compared the history of substance use and episodic use in terms of HIV seroconversion. A sample of 337 baseline HIV-negative gay men was followed for 6 years. Bivariate and survival analyses were used to compare 39 converters with nonconverters on substance use behaviors. Seroconverters were consistently more likely to report use of marijuana, nitrite inhalants, amphetamines, and cocaine than nonconverters. Consistent use of nitrite inhalants and amphetamines increases the relative risk of seroconversion, while episodic use does not. Both patterns of cocaine use increase seroconversion risk. There are three potential mechanisms for an increased risk of conversion due to consistent substance use.

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## **Latina Lesbians and Alcohol and Other Drugs: Social Work Implications**

Reyes, M.  
*Alcoholism Treatment Quarterly*, 16(1/2): 179-192, 1998

(Co-published simultaneously in *Alcohol Use/Abuse Among Latinos: Issues and Examples of Culturally Competent Services*, edited by M. Delgado, New York: Haworth Press, 1998.)

This article was based on an ethnographic study in which 35 informants were interviewed. Information about substance abuse among Latina lesbians is featured in the article, along with recommendations for treatment, research, and policy.

## **Self-Reports of Alcohol Use, Drug Use and Sexual Behavior: Expanding the Timeline Follow-Back Technique**

*Midanik, L.T.; Hines, A.M.; et al.*  
*Journal of Alcohol Studies, 59(6): 681-689, 1998*

The purpose of this study is to compare reports of alcohol use, drug use, and sexual behavior from 30-day summary measures with an expanded version of a Timeline Follow-back (Timeline) interview technique among gay/bisexual men entering outpatient substance abuse treatment at a gay-identified agency. Respondents (N=418) first completed self-administered questionnaires covering the 30-day period prior to their last use of alcohol or drugs. Summary measures included alcohol use, number of days of use for five categories of drugs, and number of episodes of anal intercourse (with and without condoms) by partner type (primary or secondary). Participants then completed the Timeline in-

terview procedure to recall their daily drinking, drug use, and sexual behavior during the same 30-day period. The findings indicate that the Timeline method yielded significantly lower estimates of mean number of drinks consumed when heavier than usual drinking days is included in the summary measure (124 versus 147 drinks). Also, mean number of days drugs were used (9.3 versus 10.7) and mean number of episodes of anal intercourse with a primary partner (1.2 versus 2.2) were included. Differences generally remained significant when assessed by length of time between the study interview and last use of alcohol or drugs, with the exception of number of anal sex episodes with primary partners. These findings indicate that Timeline estimates are lower than estimates using a more standard method (Summary measures). Discrepancies between these findings and those reported by other researchers indicate a need for further exploration of the effects of the mode of administration on various populations.

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## **The Association Between Health Risk Behaviors and Sexual Orientation Among a School-Based Sample of Adolescents**

*Garofalo, R.; Wolf, C.; Dessel, S.; et al.*  
*Pediatrics, 101(5): 895-902, 1998*

This study is one of the first to research the association between health risk behaviors and sexual orientation among a representative school-based sample of adolescents. Gay, lesbian, and bisexual youth were more likely than their peers to have been victimized and threatened and to have engaged in risk behaviors including multiple substance use, risky sexual behaviors, and suicide ideation.

## **Assessing Sexual Compulsivity/Addiction in Chemically Dependent Gay Men**

*Amico, J.M.*

*Addiction and Compulsivity, 4(4): 291-300, 1997*

This study distinguished between sexually compulsive behavior and coming out behaviors in gay

men in chemical dependence treatment settings. The Sexual Behavior Assessment Tool (SBAT) was used to delineate sexual behaviors. The author recommends that clinicians assess sexual compulsivity/addiction in gay men, lesbians, and bisexuals through sex histories, assessment tools, and identification of coping behaviors.

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## **Exploration of Substance Use Among Lesbian, Gay, and Bisexual Youth: Prevalence and Correlates**

*Rosario, M.; Hunter, J.; and Gwadz, M.*

*Journal of Adolescent Research, 12(4): 454-476, 1997*

Available from Margaret Rosario, Ph.D., HIV Center and Departments of Psychiatry and Socio-medical Sciences, Columbia University, 722 West 168th Street, Unit 29, New York, NY 10032

The prevalence and correlates of substance use and abuse were explored among lesbian, gay male, and bisexual youth recruited from gay-focused organizations in New York City. Lifetime

substance use was prevalent and frequent, as was quantity of use and substance abuse symptoms. Few significant gender or ethnic differences emerged, but the significant differences unexpectedly indicated that the female youth were at greater risk for substance abuse than the male youth. Number of substances ever used and substance abuse symptoms were associated with initiating alcohol and illicit drugs to cope with psychological issues. However, the number of substances ever used and substance abuse symptoms were not explained by social learning theory, social control theory, or self-derogation theory when relations were explored. The findings are interpreted from the perspective of sexual identity, specifically that gay, lesbian, and bisexual youth may use substances to cope with the societal stigma of homosexuality.

## **Gays, Lesbians, and Bisexuals**

*Cabaj, R.P.*

*Substance Abuse: A Comprehensive Textbook.* J.H. Lowinson, P. Rurz, et al., Baltimore: Williams and Williams, 1997, pp. 725-733

This chapter discusses the nature of homosexuality and bisexuality; gay men, lesbians, and bisexuals themselves; the substance abuse concerns

among these people; and, the specific treatment issues that need to be addressed in working with gay men, lesbians, and bisexual men and women. Information included is identity formation of the above mentioned sexual orientations; the relationship between homosexuality and substance abuse; homosexuality, substance abuse and HIV; and special substance abuse treatment considerations for gay people.

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## **HIV Risk Factors Among Gay, Bisexual, Lesbian and Transgender Street Users**

*Reback, C.*

*NIDA Research Monograph Series 174, 462 pp, 1997*

*Problems of Drug Dependence 1996: Proceedings of the 58th Annual Scientific Meeting: The College on Problems of Drug Dependence, Inc.* Available from the U.S. Government Printing Office, Washington, DC

A community-based outreach and intervention program that targets high-risk gay, bisexual, lesbian, and transgender drug users on the streets of Hollywood, CA, was examined. This program was based

on a harm reduction model, measuring outcome as any psychosocial, psychological, or physical reduction in the harm that results from drug use. From 1995 to 1996, 4,040 active users were contacted, and of those, in-depth interventions were conducted with 1,415 drug users. Street users contacted through this project were predominately gay and bisexual men. Twenty-four percent of street users were injectors, and they were less likely than non-injectors to be bisexual. Injectors were more likely to be Caucasian than non-injectors. Approximately half of non-injectors and 68 percent of injectors engaged in sex work. Injectors were less likely to always use condoms than non-injectors, and the most commonly used drug was crystal methamphetamine.

## **The Lavender Lotto: Lesbian/Gay Substance Abuse Numbers—Who Wins? Who Loses?**

*Kennedy, N.J.; Marcelle, G.*

Paper presented at the National Lesbian and Gay Health Conference, July 28, 1997

This presentation included prevalence estimates of substance abuse in the lesbian/gay community.

Risk and protective factors are reviewed and explanations for the high prevalence rates are considered. In conclusion, the presenters advocate that a working group assumes the responsibility for collaborating with interested Federal researchers in determining accurate lesbian/gay substance abuse numbers. Such an effort will pay dividends to anyone interested in the health and well-being of the gay community.

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## **Update on Substance Abuse Prevention in Lesbian/Gay/ Bisexual/Transgender Communities**

*Marcelle, G.*

*Prevention Pipeline*, 10(5): 17-19, September/October 1997

Available from SAMHSA's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686

The National Association of Lesbian and Gay Addiction Professionals (NALGAP) announced the establishment of a clearinghouse on lesbian, gay, bisexual, and transgender (LGBT) substance abuse, and new guidelines for treatment programs serving this client population. Meanwhile, an his-

toric effort at organizing LGBT communities for substance abuse prevention in Los Angeles County also has been reported. Both the Alcoholism Center for Women (ACW) and the Los Angeles Gay and Lesbian Center have contracts from their county's Alcohol and Drug Programs Administration to organize prevention activities in the area. The two agencies developed separate but complementary plans in their proposals, both of which were ultimately funded. The core of the Los Angeles County plan has been the development of a countywide volunteer organization to identify and plan for the substance abuse prevention needs of lesbians, gay men, bisexuals, and transgender people. The popularity of methamphetamine as a gay partying drug is beginning to spread from West Coast cities, where it has been recognized as a major problem for several years.

## **Use of Alcohol Among Lesbians: Research and Clinical Implications**

*Hughes, T.L.; Wilsnack, S.C.*

*American Journal of Orthopsychiatry, 67(1): 20-36, 1997*

A review of the literature on the prevalence of alcohol use and problems among lesbians reveals that the few studies yielding information on this population are beset by design and methodological problems. Those factors possibly associated with higher risk status of lesbians are identified, as are gaps in the literature, and implications for clinical practice and research are discussed.

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## **Condom Use Among Gay/Bisexual Male Substance Abusers Using the Timeline Follow-Back Method**

*Crosby, M.G.; Stall, R.; Paul, J.P.; et al.*

*Addictive Behaviors, 21(2): 249-257, 1996*

Sexual risk for HIV transmission under the influence of alcohol and/or other drugs is not simply a cause-effect relationship—not everyone who drinks or uses drugs has unprotected sex. The purpose of this study is to explore differences between substance using gay/bisexual men who use condoms during anal sex from those who do not. These differences are identified by comparing men engaged in anal intercourse while under the influence of alcohol and/or drugs and are consistently protected to men who engage in anal sex while under the influence of alcohol and/or drugs and they are consistently unprotected.

Gay/bisexual men entering substance abuse treatment at a gay-identified agency in San Francisco were recruited to complete surveys and to be interviewed about sexual behavior, substance use, and related variables using an extended version of the Timeline Follow-back (TL). The TL procedure uses a blank calendar form and a series of ques-

tions to cue recall of drinking, drug use, and anal intercourse on each of the 30 days prior to the last date of alcohol and/or drug use. Men who consistently engaged in unprotected anal sex while under the influence of alcohol and/or drugs were significantly more likely to report having less than a college education ( $p = .04$ ). Also, they were more likely to have an income of less than \$20,000 ( $p = .01$ ), more likely to use amyl nitrite ( $p = .01$ ) and cocaine ( $p = .02$ ), and more likely to report a higher frequency of anal sex ( $p = .007$ ). In addition, they were less likely to approve of sex without love ( $p = .003$ ), less likely to perceive that safer sex is the community norm ( $p < .001$ ), and less likely to have encouragement from friends to practice safer sex ( $p = .001$ ). However, HIV status did not differentiate between the two groups. These two groups provide clear and interesting contrasts in terms of behavior. Thus, comparisons of the factors influencing sexual safety in these subgroups may enhance our understanding of risk taking. A better understanding of possible mediating variables can be important both in guiding future research in this area and in formulating intervention strategies to target gay men who drink or use drugs in combination with sexual activity.

## **Drug and Alcohol Use Among Lesbian and Gay People in a Southern U.S. Sample: Epidemiological, Comparative, and Methodological Findings from the Trilogy Project**

*Skinner, W.F.; Otis, M.D.*

*Journal of Homosexuality, 30(3): 59-92, 1996*

The Trilogy Project is a longitudinal study of lesbian and gay people living in and around two metropolitan areas in a southern State. The study was specifically designed to provide (1) epidemiological data on the lifetime, past year, and past month prevalence rates for the use of six illicit, four psychotherapeutic, and two licit drugs, and

(2) comparative data to the National Household Survey on Drug Abuse (NHSDA). Self-report data were collected on 1,067 respondents using multiple sampling strategies and a research design that yielded response rates averaging over 50 percent. Results indicated some age group differences in the prevalence of certain drugs by gay men were found to have significantly higher prevalence rates for the past year use of marijuana, inhalants, and alcohol, but not cocaine. While lesbian and gay people drink alcohol more frequently during the month than NHSDA respondents, few differences occurred between the two samples for heavy alcohol consumption. Research questions suggested by the data and theoretical directions for the future research are discussed.

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## **The Epidemiology of Problem Drinking in Gay Men and Lesbians: A Critical Review**

*Bux, D.A.*

*The Clinical Psychology Review, 16(4): 277-298, 1996*

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## **Health Care Needs of Gay Men and Lesbians in the United States**

American Medical Association (AMA) Committee on Scientific Affairs

*Journal of the American Medical Association, 275(17): 1354-1358, 1996*

This article provides an overview of the demographics and epidemiology of health status of gay men and lesbians. It provides a review of AMA studies. Among health indicators are sexual history, AIDS, and medical decision making. Rec-

This article overviews literature related to the epidemiology of alcohol use among lesbians and gay men.

ommendations are made for physicians working with this population, including: importance of a nonjudgmental attitude; education for physicians; education for homosexual individuals; use of national and local experts by physicians to better understand medical needs; work with the gay and lesbian community; support for a national survey that incorporates a representative sample of the U.S. population of all ages and that includes questions on sexual orientation and sexual behavior; and, to encourage research to identify unique health care issues of gay men and lesbians.

## **Meth, Men, and Myths: Increased Risk in the Gay Community**

Marcelle, G.

*Prevention Pipeline*, 9(3): 12-13, May/June 1996  
Available from SAMHSA's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686

This article examines the dramatic increase in methamphetamine use in the gay, lesbian, bisexual, and transgender (LGBT) communities, particularly in the

western United States. Some LGBT substance abuse program professionals note methamphetamine is the second drug of choice for some gay men and it is increasing in popularity among lesbians. This is in part attributed to methamphetamine's aphrodisiac effect. The increased sexual appetite results in much more unsafe sex practices, which leads to HIV/AIDS and other viral infections. Additional physiological effects of methamphetamine can include cardiovascular problems, hypothermia, and even damage to the blood vessels resulting in stroke.

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## **Pervasive Effects of Childhood Sexual Abuse in Lesbians' Recovery from Alcohol Problems**

Hall, J.M.

*Substance Use and Misuse*, 31(2): 225-239, 1996

In narratives of 35 lesbians in alcohol recovery, 46 percent unexpectedly disclosed having survived childhood sexual abuse (CSA), linking it with addiction and recovery experiences. This subgroup described unbounded difficulties that pervaded their lives well into recovery. They reported mul-

tiple addictions, self-harm, isolation, sexual problems, depression, self-loathing, physical illness, and inability to work more often than did other participants. Those not reporting CSA were more socially and occupationally stable, self-satisfied, and physically well in recovery; their alcohol problems seemed circumscribed and responsive to conventional intervention. Conclusions indicate that CSA history may foster health risks that complicate alcohol recovery, necessitating more comprehensive clinical attention.

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## **Sexual HIV Risk Among Gay and Bisexual Male Methamphetamine Users**

Frosch, D.; Shoptaw, S.; Huber, A.; Rawson, R.A.; and Ling, W.

*Journal of Substance Abuse Treatment*, 13(6): 483-486, 1996

This report provides a description of baseline drug use and HIV-related high-risk sexual behavior for gay or bisexual methamphetamine abusers who sought chemical dependency treatment between 1989 and 1993. Participants were 28 methamphetamine abusing or dependent gay or bisexual males who completed the NIDA/WAVE Questionnaire, a semi-structured interview of HIV-related

sexual behaviors. Alcohol consumption varied widely with 35.7 percent of the participants reporting no alcohol use, 32.2 percent reporting monthly or weekly consumption, and 32.2 percent reported drinking several times per week or daily. Results show that for the 12 months prior to treatment, 62.5 percent of participants reported anal insertive sex without a condom, and 56.3 percent reported having sex with someone with HIV. Drug use, but not alcohol consumption, before or during sex was frequent. Implications for treatment of gay and bisexual male methamphetamine abusers and prevention of HIV among this population are discussed.

## **Speed Use and HIV Transmission**

*Gorman, M.*

3 pp, June 1996

Available from Progressive Research and Training  
for Action; Lesbian, Gay, and Transgender  
Technical Assistance Project, 440 Grand Avenue,  
Suite 401, Oakland, CA 94610-5012;  
510-465-0547

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This paper provides information on methamphetamine and HIV transmission, including action and epidemiology, the HIV connection, assessment, and treatment.

## **Alcoholism and Drug Abuse in Gay and Lesbian Persons: A Review of Incidence Studies**

*Bickelhaupt, E. E.*

*Journal of Gay and Lesbian Social Services*, 2(1):  
5-14, 1995

This review article examines the incidence of alcoholism and other forms of drug abuse among gays and lesbians in the United States and one European society. The consensus is that about 25 percent of such persons suffer from definitive drug and alcohol abuse problems, while an additional percentage experience "suggestive or problematic" abuse patterns.

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## **Chemical Dependency and HIV Infection**

*Pohl, M.I.*

*Journal of Gay and Lesbian Social Services*, 2(1):  
15-28, 1995

In the United States, AIDS has affected gay men more than any other social group. There are special relationships between drug dependency and

HIV/AIDS. Any discussion of the special needs of chemically dependent gay and lesbian persons must include the special problems clinicians need to be aware of when caring for the HIV-positive patient. This article explores HIV disease, including its causes, development, transmission, treatments, and effects.

## **Coping Strategies, Substance Use, Sexual Activity and HIV Sexual Risks in a Sample of Gay Male STD Patients**

Barrett, D.; Bolan, G.; Doll, L.; et al.

*Journal of Applied Social Psychology*, 25: 1058-1072, 1995

The relationships of coping strategies with levels of substance use and sexual activity, and with HIV sexual risks, were examined in 416 gay male STD clinic patients. The problem-focused strategy (PFS) of advice seeking was negatively related to the num-

ber of types of drugs used and to the number of sexual partners. The PFS of support seeking was negatively related to the number of days using drugs. Use of emotion-focused strategies (EFSs) was positively related to the number of types of drugs used. PFSs were less directly related to engaging in HIV sexual risks when measures of substance use and of sexual activity were included in the prediction; EFSs were more stably related to HIV risk. Relationships between coping and levels of substance use and sexual activity suggest that these activities are used to relieve strain, but that relationships between coping and HIV sexual risks involve less clearly understood direct and indirect relationships.

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## **Lesbian Alcohol and Marijuana Use: Correlates of HIV Risk Behaviors and Abusive Relationships**

Perry, S.M.

*Journal of Psychoactive Drugs*, 27(4): 413-419, 1995

In response to the dearth of specific information about lesbians' health status and practices in the health literature, a national study utilizing a self-administered questionnaire was conducted in 1987 by four associates of the Fenway Community Health Center in Boston to access data in these areas. The questionnaire solicited information about demographics, health practices, stress in personal and work lives, mental and physical health problems, sexual practices, family history of health-related problems, and genetic attributes hypothesized to be related to "gayness." Questionnaires from 1,633 lesbian women provided the database for the study. This paper discusses the portion of the survey that

dealt with mental health services and life experiences. Past studies that investigated mental health needs of lesbians focused on the quality of treatment by mental health providers, rates of suicide attempts, and alcoholism. This paper compares these past findings with the responses of the lesbians in this national, community-based study. Findings indicate that although a significant number of the lesbian women in this sample had been in therapy, they sought out therapy as a coping strategy to deal with similar issues as other women (i.e., depression and relationships). Suicide attempts decreased considerably after adolescence and "coming out." Rates of alcohol use and abuse, although difficult to compare with other studies, were higher than other women but similar to other studies investigating a community sample of lesbians. Even with a high family history of alcoholism, less than 5 percent reported having sought out therapy to deal with any issues of alcohol or drug use.

## **Reliance by Gay Men and Intravenous Drug Users on Friends and Family for AIDS-Related Care**

*Johnston, D.; Stall, R.; and Smith, K.*  
*AIDS Care, 7: 307-319, 1995*

A group of gay-identified men (n = 81) and intravenous drug users (IDUs) (n = 88) diagnosed with AIDS in San Francisco were interviewed regarding their use of friends and family to meet their care needs. An analysis of quantitative data revealed that gay men relied more than did IDUs on friends for care. Neither group relied primarily on their families for care. Analysis of the qualitative data identified five primary barriers to care. First, many people with AIDS are not accustomed

to asking for help and often avoid it when possible. Second, the social stigma surrounding AIDS sometimes leads to isolation. Third, some people with AIDS have relatives with health problems of their own, thereby sometimes compromising this potential source of care. Fourth, the AIDS epidemic has devastated identifiable sub-populations, leaving surviving members of these groups emotionally exhausted and sometimes unable to provide as much help as they might have liked. Finally, some respondents choose to voluntarily cut themselves off from "supportive" relationships that they perceive to be destructive now that they have been diagnosed with a fatal illness. Professional care providers and health care planners should be aware of dynamics within informal care networks of people with AIDS that may leave patients without necessary care.

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## **Remission of Substance Use Disorders: Gay Men in the First Decade of AIDS**

*Remien, R.H.; Goetz, R.; et al.*  
*Journal of Alcohol Studies, 56(2): 226-232, 1995*

Participants in a 5-year prospective study of HIV-seropositive and seronegative gay men demonstrated a significant decline in the rate (from lifetime to current) of alcohol and other DSM-III-R psychoactive substance use disorders. The goal of the study was to identify factors associated with the cessation of problematic substance use, to observe rates of relapse over 4 years, and to describe factors associated with relapse and no relapse. A volunteer community sample of self-identified gay men (n=56) were administered a semi-structured interview and several self-report measures by trained mental health clinicians, twice

annually over a 5-year period. Retrospective and prospective data revealed a significant decline in substance use and problems associated with use in the decade of the 1980s. This change occurred, for the most part, without formal treatment. Numerous motivating factors were associated with this change, which included a fear of AIDS, a change in attitudes in the gay community, changes in other risk-taking behaviors, and concerns about self-image. A variety of informal methods were employed. Most notable was "avoiding situations associated with substance use." Changes in substance abuse-dependence occurred in the context of health concerns, caring for oneself and "cleaning up one's act." Having a concern about "self-image," avoiding situations associated with drug use, and not using "drug substitution" as a method of quitting were important factors for maintaining successful change.

## **Sexual Orientation and the Addictions**

*Cabaj, R. P.*

*Journal of Gay and Lesbian Psychotherapy, 2(3): 97-117, 1995*

Available from The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-9981; 800-342-9678

Change and growth are essential parts of human development. Sometimes help is needed for change necessitating psychotherapeutic interventions. The desire for some specific changes, however, may be based on misunderstanding, fear, or prejudice. The therapist must take a clear and objective view, understand what motivates the change, and not promise the impossible.

Gay men and lesbians, or people who are beginning to become aware of a homosexual orientation, may wish to try to change that orientation based on a combination of internalized and external homophobia. This combination leads to the higher expression of the incidence of substance

abuse among gays and lesbians. The gay and lesbian substance abuser that has not been able to accept and integrate his or her sexual orientation may well seek the help of psychotherapy to change orientation, hoping to somehow get life back on track. Denial of sexual orientation, however, usually extends to denial around issues of substance use and abuse.

Before any real movement can occur in therapy, the therapist must help the substance abuser recognize the illness of substance abuse and the need to have treatment for it. As part of the early recovery process of getting clean and sober, sexual orientation must be discussed and ways to accept and live with being gay or lesbian explored. After 6 months of being clean and sober, a patient may be in a position to effectively utilize psychotherapy to explore and resolve internalized homophobia. Usually, the desire to change sexual orientation subsequently disappears, and the patient learns how to fully accept and integrate a gay or lesbian identity into their newly found sobriety.

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## **Spiritual Exiles in Their Own Homelands: Gays, Lesbians and Native Americans**

*Tafoya, T.; Roeder, K.R.*

*Journal of Chemical Dependency Treatment, 5(2): 179-197, 1995*

Clinical considerations and comparisons are explored in direct relation to the role of spirituality in recovery for gays, lesbians, and Native Americans

with an emphasis on American Indians and Alaskan Natives. The authors examine the development stages of identity, common prejudices experienced by these minority groups, the influence of Christianity and the role of the church and synagogue, alcohol incidence rates, and the historical context of 'exile' from homeland. Comparisons occur among these groups which could aid the worker in a greater understanding of this clientele, thus directly impacting the success of client/worker contact in the recovery and healing process.

## **A Comparison of Public Health Care Utilization by Gay Men and Intravenous Drug Users with AIDS in San Francisco**

*Johnston, D.; Smith, K.; and Stall, R.*  
*AIDS Care, 6: 303-316, 1994*

A group of gay-identified men ( $n = 81$ ) and intravenous drug users ( $n = 88$ ) diagnosed with AIDS in San Francisco were surveyed regarding their use and satisfaction with their health care services. The interview contained a mix of qualitative and quantitative questions. The two groups of AIDS

patients were not statistically different in terms of age or self-reported level of health during the previous 3 months, although the gay men had been diagnosed with AIDS somewhat longer (20 months) than the group of intravenous drug users (15 months). Analysis of the quantitative data revealed that intravenous drug users receive more medical care for HIV disease than did gay men and were equally satisfied with the care that they did receive. Analysis of the qualitative data showed that considerable agreement exists between the perceptions of both gay men and intravenous drug users of the health care system.

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## **Correlates of Sexual Risk-Taking Among Gay Male Substance Abusers**

*Paul, J.; Stall, R.; Crosby, G.M.; et al.*  
*Addiction, 89: 971-983, 1994*

Available from Carfax Publishing Corporation,  
Abingdon, Oxfordshire OX13 3UE England

This paper examines sexual risk-taking within a sample of sexually active gay and bisexual men entering substance abuse treatment ( $n = 383$ ), and identifies correlates of unprotected anal sex within this group. Sexual risk-taking was high, with 55 percent of these men engaging in anal intercourse without a condom within a 90-day period.

Correlates of unprotected anal sex varied somewhat when looking at unprotected anal sex with a primary partner only. With non-primary partners; substance use variables (number of drugs used, use of inhalant nitrites or stimulant drugs with sex, length of time since use of alcohol/drugs,

loss of control problems associated with alcohol/drug use) appear to play more of a role in unprotected anal sex with non-primary partners. Overall, logistic regression analyses indicated that sexual risk was greater for those who were more sexually active, enjoyed unprotected anal sex with withdrawal prior to ejaculation, did not approve of sex outside of a love relationship, and identified themselves as more risky.

In addition, those who reported more social problems due to substance use had fewer expectations that substance use increased risk. Moreover, this group had been HIV-tested, and their use of reappraisal/problem-solving coping strategies showed greater risk with a primary partner only. Sexual risk with non-primary partners was greater for those who used more drugs, reported more difficulty avoiding high-risk sex when aroused and were HIV positive. The paper discusses the implications of these findings for the design of sexual risk-reduction interventions.

## **The Prevalence and Demographic Predictors of Illicit and Licit Drug Use Among Lesbians and Gay Men**

*Skinner, W.F.*

*American Journal of Public Health, 84(8): 1307-1310, August 1994*

Studies on illicit and licit drug use among homosexuals of both sexes have focused primarily on gay men, used limited drug measures, and been

conducted in cities known for large homosexual populations. This paper examines (1) the prevalence of 12 illicit and licit drugs by sex and age group, and (2) the demographic predictors of past-year frequency of marijuana, alcohol, and cigarette use. Organizational mailing lists were used to collect self-report data on 455 homosexuals living in a southern State. Differences were found between gay men and lesbians in the use of specific substances and in the demographic predictors of drug use.

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## **Research on Lesbians and Alcohol: Gaps and Implications**

*Hughes, T.L.*

*Alcohol Health and Research World, 18(3): 202-205, 1994*

Available from Progressive Research and Training for Action; Lesbian, Gay, and Transgender Technical Assistance Project, 440 Grand Avenue, Suite 401, Oakland, CA 94610-5012; 510-465-0547

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This article discusses the prevalence of lesbian alcohol use and abuse and risk factors for lesbians' drinking behavior, including employment and multiple roles. It also gives future perspectives.

## **Verbal and Physical Abuse as Stressors in the Lives of Lesbian, Gay Male, and Bisexual Youths. Associations with School Problems, Running Away, Substance Abuse, Prostitution, and Suicide**

*Savin-Williams, R.C.*

*Journal of Consulting and Clinical Psychology, 62(2): 261-269, 1994*

This article examines the role of verbal and physical abuse as stressors that increase risk for several problematic outcomes among gay, lesbian, and bisexual youth, including association with substance abuse.

## **A Comparison of Alcohol Consumption Between Lesbians and Heterosexual Women in an Urban Population**

*Bloomfield, K.*

*Drug and Alcohol Dependence, 33: 257-269, 1993*

An elevated rate of alcohol problems is believed to exist in the gay and lesbian community. However, prevalence estimates suggesting this have generally been based on convenience samples, which have over-represented bar patrons and

clinical sources. Recent epidemiological studies examining risk factors for AIDS have gathered information on alcohol consumption as well as sexual orientation. Data based on improved sampling methods are now available for estimating drinking rates of lesbians and gay men. This study compares the drinking patterns of heterosexual women and lesbian/bisexual women who were recruited through a random sampling design in San Francisco, CA. Contrary to previous research, no statistically significant differences in alcohol consumption and drinking patterns between these two groups were found.

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## **Risk Factors for Attempted Suicide in Gay and Bisexual Youth**

*Remafedi, G.; Farrow, J.A.; et al.*

*Pediatrics, 87(6): 869-875, 1991*

Studies of human sexuality have noted high rates of suicide among homosexual youth, but the problem has not been systematically examined. This work was undertaken to identify risk factors for suicide attempts among bisexual and homosexual male youth. Subjects were 137 gay and bisexual males, 14 through 21 years of age, from the upper Midwest and Pacific Northwest. Forty-one

subjects (41/137) reported a suicide attempt, and almost half of them described multiple attempts. Twenty-one percent of all attempts resulted in medical or psychiatric admissions. Compared with non-attempters, attempters had more feminine gender roles and adopted a bisexual or homosexual identity at younger ages. Attempters were more likely than peers to report sexual abuse, drug abuse, and arrests for misconduct. The findings parallel previous studies' results and also introduce novel suicide risk factors related to gender nonconformity and sexual milestones.

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## **Policy**

### **National Policy Agenda on HIV/AIDS and Addiction**

Legal Action Center, Washington, DC, 1997

A National Policy Agenda is proposed based on the fact that national HIV/AIDS policies and strategies have largely ignored the prevalence trends of risk for HIV/AIDS caused by shared needles, having sexual contact with someone infected by drug use, or engaging in high risk sexual activity while under the influence of alcohol or drugs.

Funding and policy recommendations are made. Recommendations with regards to substance abuse treatment include: funding of substance abuse treatment and a prevention block grant of \$1.5 billion to increase availability of drug and alcohol prevention and treatment; ensure that funding for school-based alcohol and drug prevention efforts supports programs that have demonstrated effectiveness in reducing alcohol and drug use that address prevention of HIV disease; and, expand Medicaid reimbursement for drug and alcohol treatment.

## **Alcohol Marketing to the Gay Community**

*Rahn, P.*

*Prevention Pipeline*, 7(6): 30-31, November/December 1994

Available from SAMHSA's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 208470-2345; 800-729-6686

This article explores the alcohol industry's marketing efforts to gay and lesbian organizations and

events, including gay-owned beer companies. Concerns are raised about the contradictions in alcohol marketing and underwriting for events, and the impact of alcoholism in the gay and lesbian community. Moreover, some studies reveal that 40 percent of gay men who engaged in unsafe sex said alcohol use precipitated their behavior. This supports research that reveals links between alcohol use and impaired cognitive skills, as well as breaking down the body's immune system to fight HIV and other infections.

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## **Gay and Lesbian Youth: Challenging the Policy of Denial**

*Taylor, N.*

*Journal of Gay and Lesbian Social Services*, 1(3/4): 39-73, 1994

The author recommends the development of policies to address the needs of lesbian, gay, bisexual, and transgender (LGBT) youth. Among a myriad of problems, these policies would provide support to LGBT youth and address the issues of invisibility in the larger society, LGBT youths as targets of the religious right, and institutionalized ho-

mophobia. Taylor proposes policy changes that would create a healthier environment for LGBT youth; development of curricula, programs, and specialized services for LGBT youth and their families; funding for shelters and foster care; and "efforts to end codified discrimination in agencies that serve youth." The author also examines the early history of LGBT organizations and their reluctance to focus outreach efforts on youth because of their fear of child abuse accusations and/or the fallacy of "recruiting" young people. However, the increasing growth of LGBT organizations and the openness of society have significantly diminished those misconceptions.

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## **Lesbians and Gays Face Tobacco Targeting**

*Goebel, K.*

*Prevention Pipeline*, 7(6): 105-107, November/December 1994

Available from SAMHSA's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847; 800-729-6686

This article examines how tobacco companies target lesbian and gay smokers. It posits that lesbians and gays are brand loyal, have high disre-

tionary incomes, and smoke at extremely high rates. In a 1984 study, 41.8 percent of gay men were smokers; another study found that 25 percent of lesbians were smokers. The pressures that result in teenage smoking—self-esteem issues and the need for peer acceptance, the need for rebellion and liberation, the development of style and individuality—are compounded for lesbians, bisexuals, and gay men struggling with their sexuality. The article discusses how Philip Morris markets Benson & Hedges, Virginia Slims, and Marlboro to lesbians and gay men.

# Prevention

## A Pacific Perspective: Prevention Through Managed Care Health Systems

Barlow, T.W.

National Lesbian and Gay Health Association Annual Conference, 1998

This paper was presented at the 1998 Annual Conference of the National Lesbian and Gay Health Association in San Francisco, CA. The paper provides an overview of alcohol, tobacco, and drugs

(ATD) prevention for lesbian and gay populations in the Pacific Basin. The cultural issues specific to this population are presented and variations are pointed out amongst the Pacific Basin island states. Lesbians and gays are often "considered special and given very high rank and responsibility in traditional island cultures." Recommendations are made for collaboration and infrastructure design for partnering to provide prevention and health care services for the lesbian and gay populations.

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## Lesbian, Gay and Bisexual Health in Cross-Cultural Perspective

Silenzio, V.M.B.

*Journal of the Gay and Lesbian Medical Association*, 1(2): 75-86, 1997

Health care services for lesbians, gay men, bisexuals, and others are profoundly influenced by social and cultural factors, and appreciation of these factors plays an important role in understanding the patterns of health and disease in these populations. Concerned individuals and providers of health care to lesbian, gay, bisexual, and transgender (LGBT) individuals and populations can benefit greatly from anthropological insights into the health concerns of these populations, and into the limits of our conceptual frameworks of human sexuality and the

forms of (LGBT) cultures. Western cultural norms and interpretations of same-sex phenomena should be applied to other cultures, both at home and abroad, with caution. In light of the degree to which our schemata of human sexuality are culturally bound, practitioners may utilize the concepts of cultural sensitivity and cultural competence to remain sensitive to an individual's identity with and connectedness to his or her subcultures, and attempt to gain competence in providing care to members of these subcultures. Sociocultural factors are also important considerations for primary, secondary, and tertiary health interventions aimed at (LGBT) individuals, as well as health and social policy activities for health care providers, activists, advocates, educators, policy makers, and the general public.

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## A Comprehensive Care of Lesbian and Gay Patients and Families

Harrison, A.E.; Silenzio, V.M.B.

*Primary Care*, 23(1): 31-45, 1996

The unique health care needs of gay and lesbian patients and their families are often ignored. This article reviews the literature on the health care needs of gay men, lesbians, and their families and offers ways that primary care of these individuals can be improved. Traditionally, practitioners have

assumed that patients' sexual orientation does not affect their health care. Insofar as health is "a state of complete physical, mental, emotional, and social well-being, and not merely the absence of disease or infirmity," however, sexual orientation clearly affects it. Furthermore, research shows that the patient-physician relationship is a critical factor in the patient's well-being. It can be vitally important in the patient's physiological and psychological responses to therapy, compliance with medical advice, and overall satisfaction with treatment and care received.

## **“Alive with Pleasure . . .” Conference Proceedings, Final Report**

*Drabble, L.; Soliz, G.*

Presented at “Alive with Pleasure: Prevention of Tobacco and Alcohol Problems in Lesbian, Gay, Bisexual, and Transgender Communities,” October 3-4, 1996, San Francisco, CA Available from Progressive Research and Training for Action; Lesbian, Gay, and Transgender Technical Assistance Project, 440 Grand Avenue, Suite 401, Oakland, CA 94610-5012; 510-465-0547

Funded by the Center for Substance Abuse Prevention, this report summarizes proceedings and recommendations from a regional conference on alcohol and tobacco prevention in lesbian, gay, bisexual, and transgender (LGBT) communities. A significant part of the report examines 15 case studies documenting a broad range of community-based prevention strategies that have been implemented to address both environmental and individual factors related to tobacco and alcohol problems in LGBT communities. These cases provide ideas and lessons that may be instructive for individuals and organizations interested in advancing prevention efforts in their own LGBT communities.

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## **Issues in Psychotherapy with HIV-infected Latinos in New York City**

*Millan, F.; Caban, M.*

*Journal of Social Distress and the Homeless*, 5(1): 83-98, 1996

This article describes some of the issues that arise in psychotherapy with Latino HIV-infected patients and their caregivers, and utilizes the Model of Multiple Oppression (MMO) to organize the issues discussed. The case of an HIV positive, alcoholic, gay Latino man with a history of being sexually abused is discussed to illustrate how information from the MMO can be used clinically. Stigmatization by racial or ethnic backgrounds is often influential in how one approaches treatment. Among Latinos, language, gender role expectations and family expectations are additional factors that affect Latino men in finding support

and communicating needs. Many men, feeling insecure and disrespected, turn to the use of alcohol or drugs or leave the family causing women to raise children alone. In the case illustrated, the homosexual orientation of the individual is a dynamic factor in self-guilt and lack of family support. The risk categories of homosexual sex and homosexual sex plus injecting drug use account for 36 percent of the total Latino patients regarding their sexual identity. Patients also report feeling discrimination, based on their ethnic identity, from gay organizations run by gay white men. This study demonstrates the use of the MMO in psychotherapy with multiple oppressed HIV-infected Latino patients. It describes not only AIDS issues, but also on the impact of environmental factors such as poverty, employment and family issues on the subsequent intrapsychic processes and behavioral/clinical manifestations.

## **Why and How You Should Form a Gay and Lesbian ATOD Prevention Program in Your Community**

*Baker, J.*

*Prevention Pipeline*, 7(6): 21-23, November/December 1994

Available from SAMHSA's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686

The author notes several reasons why gay and lesbian alcohol and drugs prevention programs are needed, including the presence of significant percentages of lesbian, gay, bisexual, and transgender (LGBT) persons in the population, the added challenges experienced by adolescent gay

youth, and the links between HIV/AIDS and drugs and alcohol. In fact, Baker points out the fact that most people who have had HIV/AIDS for 10 years or more attribute their survival and viability to eliminating alcohol and drugs in their diet during the early stages of the infection. The author suggests ways to develop LGBT-specific alcohol and drug prevention programs including: enlist the assistance of gay community organizations and centers, seek out gay leaders who can help, work with current social service providers in the gay community to develop and implement a prevention program, and target gay news organizations as well as cultural organizations. In fact, many cultural and ethnic-based organizations have gay constituents, whether acknowledged or not.

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## **Sexual Diversity in Alcohol and Other Drug Abuse Prevention**

*Eversole, T.*

*Prevention Pipeline*, 7(6): 95-99, November/December 1994

Available from SAMHSA's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686

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This article addresses alcohol and drug abuse among lesbians and gays and risk factors confronting lesbian, gay, and bisexual youths and adults including overcoming school risk factors, providing healthy role models, and understanding family risk factors.

## **Substance Use and Risky Sexual Behavior for Exposure to HIV: Issues in Methodology, Interpretation and Prevention**

*Leigh, B.; Stall, R.*

*American Psychologist*, 48: 1035-1045, 1993

Recent reports have suggested that the use of alcohol or drugs is related to sexual behavior that is high risk for HIV infection. If substance use leads to unsafe sexual activity, understanding the dynamics of this relationship can contribute to research and preventive and educational efforts to

contain the spread of AIDS. This article reviews research on the relationship between substance use and high-risk sexual behavior. The article then considers the inherent limitations of the research designs used to study this relationship, outlines some methodological concerns including measurement and sampling issues, and comments on causal interpretations of correctional research findings. A consideration of potential avenues for future research and a discussion of implications of these findings for current AIDS prevention policies are also examined.

## Treatment

### **Additional Methadone Increases Craving for Heroin: A double-blind, Placebo-controlled Study of Chronic Opiate Users Receiving Methadone Substitution Treatment**

*Curran, H.V.*

*Addiction, 94(5): 665-674, 1999*

Available from Carfax Publishing Limited, P.O. Box 25, Abingdon, Oxfordshire, OX14 3UE, United Kingdom

The aim of this study is to assess the acute-on-chronic effects of methadone on drug craving, mood and cognitive and psychomotor functioning in patients on long-term methadone substitu-

tion treatment. A double-blind, cross-over design was used to compare the effects of a 33 percent increase in patient's daily dosage of methadone with a matched placebo linctus. Eighteen patients completed the study and all were assessed pre- and post-drugs on two separate testing days. Methadone significantly increased both positive craving (expected positive effects) and negative craving (expected relief of withdrawal discomfort) for heroin. Patients were unable to distinguish between methadone and placebo treatments. No differences between treatments emerged in cognitive or psychomotor effects. In terms of mood, patients were more alert and more contented following placebo than following methadone. Researchers found additional methadone may "prime" heroin cravings.

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### **Adolescent Homosexuality**

*Stronks-Huwiler, S.M.; Remafedi, G.*

*Advanced Pediatrics, 45: 107-144, 1998*

Homosexuality has existed in all civilizations, but societal disapproval and cultural taboos have negatively influenced its recognition. A significant percentage of youths identify themselves as homosexual, and even more experience sex with the same sex or are confused about sexual feelings. A unifying etiological theory attributes the expression of sexual orientation to genes that shape the central nervous system's development, organization, and structure via prenatal sex steroids. Environmental factors may influence the expression of genetic potential. Several models of psychosocial development describe initial stages of awareness and confusion about same-sex at-

tractions, followed by acknowledgment of homosexuality, disclosure to others, and eventual integration of sexual identity into a comprehensive sense of self. Stressors related to isolation, stigma, and violence may predispose homosexual adolescents to impaired social, emotional, and physical health, resulting in depression and suicide, school problems, substance abuse, running away, eating disorders, risky sexual behavior, and illegal conduct. As with all adolescents, the overall goals in the care of homosexual youth are to promote normal adolescent development, social and emotional well being, and physical health. A comprehensive, multidisciplinary approach is required to address medical, mental health, and psychosocial issues within the context of the adolescents' community and culture.

## **Caring for Gay and Lesbian Teens**

*Ryan, C.; Futterman, D.*

*Contemporary Pediatrics*, November 1998, pp. 107-130

An overview of issues and strategies for working with gay and lesbian teens are provided in this ar-

ticile. The authors differentiate between sexual behavior and sexual orientation. When working with adolescents they suggest: creating a supportive environment; providing anticipatory guidance; counseling techniques and areas; and, making referrals. Also included is a suggested reading list for practitioners.

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## **Substance Abuse and HIV Diseases: Entwined and Intimate Entities**

*Cabaj, R.P.*

In E.F. McKance-Kutz and T.R. Kusten, *New Treatments for Chemical Addictions*. Washington, DC: American Psychiatric Press, 1998, pp. 113-149

This chapter presents the issues around comorbidity of substance abuse and HIV, including IV drug use

and high-risk sexual behaviors. Presented are the epidemiology; cofactors of high-risk sexual behaviors and substance abuse; women; and socioeconomic factors. The author then suggests prevention, intervention, assessment, treatment, and medical management for HIV-infected substance abusers. Additionally, psychopharmacology, suicidality, psychotherapy, gay and bisexual men, youth, women and children, and people of color are addressed as special populations.

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## **The Transgender Experience: Identity, Community and Recovery**

*Warren, B.E.*

*The Counselor*, May/June 1997, pp. 16-18

Available from the National Association of Alcoholism and Drug Abuse Counselors (NAADAC), 1911 North Fort Myer Drive, Suite 900, Arlington, VA 22209; 703-741-7686; 800-548-0497

The author provides an overview of what it means to be a transgender person, including self definition based on physiology versus self-identification, and how the person feels he or she is compelled to express the feminine or masculine side of self. The suggestion that transgenderism emerges from childhood is discussed, in that some theorists believe the transgender person either "insufficiently iden-

tifies" with the same sex parent or there is "over-identification" with the opposite sex parent. The author points out that transgender persons have benefited greatly from therapy that "emphasizes exploration and affirmation of self-identity." As gay, lesbian, and bisexual people do, many transgender persons feel assimilation into the mainstream of society is essential. Yet, many live a closeted life and grapple with shame and depression. For many, this leads to substance abuse. The author notes that "although there is no research to support the notion that transgender persons may be at higher risk for substance abuse, there is anecdotal evidence." Also, evidence is cited that transgender persons are at higher risk for HIV/AIDS because of unsafe sex, intravenous drugs, and needle sharing. Moreover, it is noted that HIV education does not focus on the transgender community.

## **Barriers to Accessibility for Lesbian and Gay Youth Needing Addiction Services**

*Travers, R.*

*Youth & Society, 27(3): 356-378, 1996*

Using a qualitative research method, this study investigates the ways in which homophobia and heterosexism constitute barriers to treatment for lesbian and gay youth in need of addiction ser-

vices. Seventeen lesbian and gay youth were interviewed regarding their experiences in addiction services. The major barriers that they report include marginalization, avoidance of gay and lesbian issues, ignoring sexual orientation as an issue, deflection and contradiction, outing, harassment, early discharge, and misinformed staff. Recommendations are made for making addiction services more appropriate and accessible for lesbian and gay youth.

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## **Building Alliances, Protecting Diversity, and Uniting for Health Care**

*Abbott, L.J.; Kennedy, N.J.*

*Paper presented at the National Lesbian and Gay Health Conference, Seattle, WA, July 13, 1996*

Addictive diseases, including alcoholism, do not have a long standing and comprehensive history within the traditional health care system, making systematic and accurate reporting and analysis problematic. Often primary practitioners, depending upon demographic and other client factors, ignore the risk factors associated with alcohol abuse and alcoholism. That same misdiagnosis

also occurs with childhood depression, conduct disorders, and other emotional problems. The dual failure often results in later onset of co-occurring disorders. Although the National Association of Lesbian and Gay Addiction Professionals (NALGAP) has been advocating for a minimum of 13 years, there has been no national-probability-based survey of the lesbian community regarding their alcohol, tobacco, and drug use, abuse, and/or addiction or the inclusion of sexual orientation questions within existing national probability surveys. This panel presented substance abuse treatment issues for gay, lesbian, and bisexual individuals and a proposed list of questions for consumers of treatment services.

## **Longitudinal Changes in Alcohol and Drug Use Among Men Seen at a Gay-Specific Substance Abuse Treatment Agency**

*Paul, J.P.; Barrett, D.C.; Crosby, G.M.; and Stall, R.D. Journal of Studies on Alcohol, 57: 475-485, 1996*

This study describes changes over a 12-month period in prevalence and frequency of alcohol and drug use and correlates of change at 12 months in a sample of gay/bisexual men entering gay-identified outpatient substance abuse treatment. A sequential sample of gay/bisexual men (n = 455) were recruited for a study in which substance use, sexual risk and psychological factors were assessed every 3 months. Changes in substance use were evaluated in 321 men who used in the 90 days before entering treatment and who completed at least one follow-up interview, whether or not they continued in treatment.

At baseline, 95 percent of the sample reported alcohol use in the prior 90 days, 64 percent—marijuana/hashish use, 46 percent—amphetamine use; 33 percent—inhaled nitrites use, and 31 percent—cocaine use. Most men were polydrug users: 10 percent reported using only one drug (including alcohol); 39 percent used at least four drugs. A marked reduction occurred in prevalence of use over time, and declines of 50 percent occurred in the first 90 days. Prevalence then stabilized in the remaining assessments. Frequency of usage by those reporting use of any given class of drugs also declined. No consistent predictors of reduction or cessation of use across different drug categories were found at 1 year.

Substance use declined considerably in this sample. Given the scope of substance abuse problems among gay/bisexual men, and linkages to the HIV epidemic, considerable resources need to be focused on treatment and prevention for gay/bisexual men.

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## **Sexual Minorities and Substance Abuse Treatment: Selected Bibliographies: 1990-1996**

Caliber Associates

Rockville, MD: National Evaluation Data and Technical Assistance Center (NEDTAC), Center for Substance Abuse Treatment (CSAT)

A primary NEDTAC activity was to provide evaluation technical assistance and support to substance abuse treatment providers and evaluators. To this end, NEDTAC produced a series of bibliographies in key topic areas. This document belongs to that series. This selected bibliography lists books, articles, and research studies that focus on the particular issues of sexual minorities in substance abuse treatment programs. This document also includes a list of support organizations for sexual minorities.

## **Substance Abuse and Dependency in Gay Men and Lesbians**

*Anderson, S.C.*

In K.J. Peterson, *Health Care for Lesbians and Gay Men: Confronting Homophobia and Heterosexism*, Binghampton, NY: Haworth Press, 1996, pp. 59-77

Research on the incidence, etiology, and treatment needs of gay men and lesbians who abuse alcohol and drugs is limited. Recent studies chal-

lenge earlier beliefs that the incidence of substance abuse is higher among gay men and lesbians than in the general population. However, a substantial number of this population drink problematically. This article reviews the literature on the etiology of substance abuse among gay men and lesbians, and details important assessment and treatment issues unique to this population. The strengths and limitations of gay-specific treatment programs are discussed. Recommendations are made about how social workers can respond more appropriately to their gay and lesbian clients.

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## **Lesbian and Gay Youth: Treatment Issues**

*Fleisher, J.; Fillman, J.*

*The Counselor*, January/February 1995, pp. 27-28

It is contended that, in dealing with lesbian and gay clients, the alcoholism and drug abuse counselor must help them deal with their sexuality and help them develop positive self-esteem if they are to overcome their substance abuse problem. Gay and lesbian youth must deal with the added roadblocks of homophobia. Role models also might be hard to find. The effect of all of these roadblocks, frustrations, and lack of information on

gay youths ranges from mild confusion, shyness, and insecurity to self-hatred, withdrawal, and anger. Fear of rejection by peers and family members, verbal and physical assaults, and exposure that could mar or even ruin their futures leads many of these youth to indulge in alcohol and drugs as a way to hide from their problems or attempt to fit in with their peers. To help gay teens, the counselor first needs to identify these clients; this can be helped along if the counselor is alert to certain high-risk behaviors, such as homelessness and prostitution. The latter actions put the gay adolescent at high risk for numerous health problems, particularly sexually transmitted diseases, including HIV infection and AIDS.

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## **Lesbian Health Issues for the Primary Care Provider**

*Rankow, E.J.*

*Journal of Family Practice*, 40(5): 486-496, 1995

Lesbians have unique health concerns that often go unaddressed in a medical setting that assumes

heterosexuality. These may include cancer screening, sexually transmitted diseases, human immunodeficiency virus (HIV), depression, substance abuse, relationship issues, pregnancy, and parenting. Awareness of the barriers faced by lesbians seeking care, and an inclusive approach to the patient will allow primary care providers to be more effective in their interactions with all patients.

## **Referrals and Resources for Chemically Dependent Gay and Lesbian Clients**

*Kus, R.J.; Smith, G.B.*

*Journal of Gay and Lesbian Social Services, 2(1): 91-107, 1995*

Alcoholism and other forms of chemical dependency have the potential to cause havoc in all realms of life. Not surprisingly, then, recovering persons and their loved ones often need a myriad of resources. In addition to the resources that would likely be needed by any recovering persons, gay and lesbian persons often need resources specific

to their needs as gays and lesbians. Many social workers and other helping professionals, however, do not know how to go about finding out what gay and lesbian resources are available to them, and therefore they are unable to make needed referrals for such clients. The purpose of this article is to discuss some of the unique problems which gay and lesbian recovering persons and their loved ones may have which might necessitate referrals, how to decide whether one should treat or refer, some basic resources that may be available to helping professionals to meet these specific gay and/or lesbians needs, and how to go about finding out what is available in one's community.

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## **Treatment for HIV-Infected Alcohol and Other Drug Abusers—Treatment Improvement Protocol (TIP) Series 15**

Center for Substance Abuse Treatment (CSAT), 171 pp, 1995

Available from SAMHSA's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686

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All HIV-infected substance abusers, regardless of the setting in which they receive care, should have available to them a spectrum of core services and treatment approaches. This TIP identifies these necessary core services and approaches. It also provides recommendations and guidelines for quality care for substance abusers in treatment who are infected with HIV.

## **The Experiences of Lesbians in Alcoholics Anonymous**

*Hall, J.M.*

*Western Journal of Nursing Research, 16(5): 556-576, 1994*

A feminist ethnographic study of lesbians' experiences in recovery from alcohol problems was done to understand from their perspectives how they identified alcohol use as problematic, sought help, experienced health care interactions and participation in Alcoholics Anonymous (AA), and maintained recovery. Through community-based purposive sampling in San Francisco, 35 lesbians re-

covering from alcohol problems participated in semistructured ethnographic interviews of 2 hours duration, which were subsequently interpreted using ethnographic coding, narrative analysis, and matrix analysis. A major finding was that participation in AA was fraught with tension in three areas. Each tension was defined by two poles of experience that appear to be in conflict. They were assimilation versus differentiation, authority versus autonomy, and false consciousness versus politicization. These tensions are elaborated and supported by examples from the women's interviews. Nursing implications regarding the role of AA in recovery for marginalized women are discussed.

## **Lesbians Recovering from Alcohol Problems: An Ethnographic Study of Health Care Experiences**

*Hall, J.M.*

*Nursing Research, 43(4): 238-244, 1994*

The findings of this ethnographic study of 35 San Francisco lesbians in long-term alcohol recovery describe their identification of alcohol problems, help-seeking experiences, and barriers to recovery in health care interactions. Multiple addictions and "core difficulties," such as childhood trauma, were common yet poorly addressed by health care providers. Lesbian clients mistrusted culturally ignorant providers who often inappro-

priately reversed therapeutic roles. Provider-client conceptual incongruence about alcohol problems often impeded recovery, while providers' persuasive styles (paternalistic, maternalistic, confrontational, and influential) were pivotal to recovery. The confrontation approach caused the most problems. It could precipitate crises, be interpreted by the women as social ostracism, and retraumatize those who had histories of childhood trauma. Consensus favored the influential style, characterized by flexibility, negotiation, support, and avoidance of ultimatums. Conclusions challenge the assumptions that alcoholics are manipulative, "in denial," and require coercion to attain and maintain recovery.

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## **An Exploration of Lesbians' Images of Recovery from Alcohol Problems**

*Hall, J.M.*

*P. Noerager Stern (editor), *Lesbian Health: What are the Issues?* Washington, DC: Taylor & Francis, 1993, pp. 91-108*

The author attempts to explore the images lesbians use to describe their recovery from alcohol problems and to derive from this relevant implications for health care. Lesbians' experiences in recovery are particularly significant because of growing concerns about the prevalence of alcohol problems among lesbians, the vulnerability of

lesbians as an aggregate, and the cultural trend away from substance use in lesbian communities. Images of recovery are the descriptions that people offer about their healing from alcohol problems. They are the frameworks by which problem drinkers interpret the meanings of their experiences and determine which aspects of their lives are most pertinent to their recovery efforts. The images persons use to represent their progress and the difficulties they encounter in recovery also provide important bases for developing relevant resources, therapeutic techniques, and social support. Excerpts from an ongoing ethnographic interview study about the recovery experiences of lesbians with alcohol problems illustrate the diversity of recovery images that are characteristic of this population.

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## **Lesbians and HIV: Clinical, Research and Policy Issues**

*Stevens, P.E.*

*American Journal of Orthopsychiatry, 63(2): 289-294, 1993*

Sources of risk for HIV infection in members of the lesbian community are surveyed, together with factors that adversely affect access to appropriate health care by women in general and lesbians in particular. Issues of clinical practice, research, and public policy are examined with a view of promoting more effective prevention and treatment strategies.

## **Sexual Risk for HIV Transmission Among Gay/ Bisexual Men in Substance Abuse Treatment**

*Paul, J.P.; Stall, R.; and Davis, F.*

*AIDS Education and Prevention*, 5(1): 11-24, 1993

Available from Progressive Research and Training  
for Action; Lesbian, Gay, and Transgender Tech-  
nical Assistance Project, 440 Grand Avenue,  
Suite 401, Oakland, CA 94610-5012; 510-465-  
0547

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This article reviews a study of San Francisco gay/  
bisexual men in substance abuse treatment who  
were compared to the San Francisco Men's Healthy  
Study cohort. Statistics are given on the relation-  
ship between sexual risk behavior and substance  
abuse.

## **Recovery Needs of Lesbian Alcoholics in Treatment**

*Underhill, B.L.*

*N. Van Den Bergh (editor), Feminist Perspectives  
on Addictions*, New York: Springer Publishing  
Company, 1991, pp. 73-86

Available from Progressive Research and Training  
for Action; Lesbian, Gay, and Transgender Tech-  
nical Assistance Project, 440 Grand Avenue,  
Suite 401, Oakland, CA 94610-5012; 510-465-  
0547

In this chapter, the author examines the specific  
needs of lesbian alcoholics in treatment and re-  
covery. Underhill points out the major barriers to  
treatment for lesbians are "cultural and external as  
well as interpsychic and internal." Incorporating a  
feminist analysis, the author looks at the struggles  
experienced by lesbians in treatment and recov-  
ery as they grapple with maintaining overall emo-  
tional well-being in a society that is heterosexual-  
centered, homophobic, and sexist. The specific  
areas of focus are: the scope of the problem, con-  
tributing factors, treatment, group focus on special  
topics (assertion techniques and anger), and fam-  
ily services.

# *Organizations and Internet Sites*

## **Federal Resources**

### **Center for Mental Health Services**

Knowledge Exchange Network (KEN)  
P.O. Box 42490  
Washington, DC 20015  
800-789-2647  
[www.mentalhealth.org/cmhs/](http://www.mentalhealth.org/cmhs/)

### **Center for Substance Abuse Prevention (CSAP)**

Substance Abuse and Mental Health Services Administration (SAMHSA)  
5600 Fishers Lane  
Rockwall II Bldg., Suite 800  
Rockville, MD 20857  
301-443-0365  
800-729-6686 (SAMHSA's National Clearinghouse for Alcohol and Drug Information)  
[www.health.org](http://www.health.org)

### **Center for Substance Abuse Treatment (CSAT)**

Substance Abuse and Mental Health Services Administration (SAMHSA)  
5600 Fishers Lane  
Rockwall II Bldg., Room 618  
Rockville, MD 20857  
301-443-5052  
800-729-6686 (SAMHSA's National Clearinghouse for Alcohol and Drug Information)  
[www.health.org](http://www.health.org)

### **Centers for Disease Control and Prevention (CDC)**

Office on Smoking and Health  
Public Information Branch  
4770 Buford Highway, NE.  
Atlanta, GA 30341-3724  
770-488-5708  
[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

### **Decision Support System for Prevention of Substance Abuse**

[www.preventiondss.org](http://www.preventiondss.org)

### **National Health Information Center (NHIC)**

P.O. Box 1133  
Washington, DC 20013-1133  
301-565-4167  
800-336-4797  
[www.nhic-nt.health.org](http://www.nhic-nt.health.org)

### **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**

Wilco Bldg.  
6000 Executive Blvd., Suite 505  
Bethesda, MD 20892-7003  
301-443-1677  
[www.niaaa.nih.gov/](http://www.niaaa.nih.gov/)

### **National Institute on Drug Abuse (NIDA)**

6001 Executive Blvd., Room 5213  
MSC 9561  
Bethesda, MD 20892-9561  
301-443-1124  
[www.drugabuse.gov](http://www.drugabuse.gov)

### **National Institutes of Health (NIH)**

9000 Rockville Pike  
Bethesda, MD 20892  
301-496-4000  
[www.nih.gov](http://www.nih.gov)

### **National Library of Medicine (NLM)**

8600 Rockville Pike  
Bethesda, MD 20894  
301-594-5983  
[www.nlm.nih.gov](http://www.nlm.nih.gov)

### **Office of Minority Health Resource Center**

P.O. Box 37337  
Washington, DC 20013-7337  
800-444-MHRC  
TDD 301-230-7199  
[www.omhrc.gov](http://www.omhrc.gov)

### **Office of National Drug Control Policy (ONDCP)**

P.O. Box 6000  
Rockville, MD 20849-6000  
800-666-3332  
[www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)

### **SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI)**

P.O. Box 2345  
Rockville, MD 20847-2345  
800-729-6686  
800-487-4889 TDD  
[www.health.org](http://www.health.org)

**Substance Abuse and Mental Health Services Administration (SAMHSA)**  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-6315  
[www.samhsa.gov](http://www.samhsa.gov)

## **Other Resources**

**Affirmations Lesbian & Gay Community Center**  
195 West Nine Mile Road, Suite 106  
Ferndale, MI 48220  
248-398-7105  
[www.pridenet.com/affirmations](http://www.pridenet.com/affirmations)

**Alcohol Center for Women, Inc.**  
1147 South Alvarado Street  
Los Angeles, CA 90006  
213-381-8500

**Alcoholics Anonymous**  
World Service Office  
475 Riverside Drive, 11th Floor  
New York, NY 10115  
212-870-3400  
212-647-1680  
[www.aa.org](http://www.aa.org)

**Association for Gay, Lesbian & Bisexual Issues in Counseling**  
(Division of American Counseling Association)  
Pastoral Counseling Center  
602 Southwest Madison Avenue  
Corvallis, OR 97333  
541-753-9217

**Association of Gay and Lesbian Psychiatrists (AGLP)**  
4514 Chester Avenue  
Philadelphia, PA 19143-3707  
215-222-2800  
[members.aol.com/aglpnat/homepage.html](http://members.aol.com/aglpnat/homepage.html)

**The Atlanta Gay and Lesbian Center**  
828 West Peachtree Street  
Suite 207  
Atlanta, GA 30308  
404-876-5372  
[www.aglc.org](http://www.aglc.org)

**Bailey Holt House**  
180 Christopher Street  
New York, NY 10014  
212-337-3000

**Billy DeFrank Lesbian & Gay Community Center**  
175 Stockton Avenue  
San Jose, CA 95126  
408-293-2429  
[www.defrank.org](http://www.defrank.org)

**Black Lesbian Support Group (BLSG)**  
Program of Lesbian Services  
Whitman Walker Clinic  
1407 S Street, NW  
Washington, DC 20009  
202-797-3593  
[www.blsg.org/](http://www.blsg.org/)

**Canadian Centre on Substance Abuse**  
75 Albert Street, Suite 300  
Ottawa, Ontario  
Canada K1P 5E7  
613-235-4048  
[www.ccsa.ca](http://www.ccsa.ca)

**Center for Alternative Families**  
425 Divisadero Street  
Suite 203  
San Francisco, CA 94117  
415-436-9000  
[www.baylinks.com/~afp](http://www.baylinks.com/~afp)

**The Center for Gay, Lesbian, Bi & Transgendered Life in Nashville**  
703 Berry Road  
Nashville, TN 37204  
615-297-0008  
[www.nashcenter.org](http://www.nashcenter.org)

**Central Toronto Youth Services**  
Lesbian, Gay, and Bisexual Youth Program  
3rd Floor, 65 Wellesley Street, E.  
Toronto, Ontario  
M4Y 1G7  
416-924-2100  
[www.interlog.com/~tclgby/ctys.html](http://www.interlog.com/~tclgby/ctys.html)

**Church of the Open Door Community Center**  
5954 South Albany Avenue  
Chicago, IL 60629  
773-778-3030

**City of Refuge United Church of Christ (UCC)**  
1025 Howard Street  
San Francisco, CA 94103  
415-861-6130

**Committee on Lesbian and Gay Concerns**  
American Psychological Association  
750 First Street, NE., #100  
Washington, DC 20002-4242  
202-336-5500  
[www.apa.org/](http://www.apa.org/)

**Deaf, Gay and Lesbian Center**  
150 Eureka Street, Suite 108  
San Francisco, CA 94114  
415-255-0700

**EDUCARE Systems, Inc.**  
Holistic Healing and Training Center  
1155 Connecticut Avenue, NW.  
Suite 300  
Washington, DC 20036  
202-429-6511

**Federal GLOBE (Gay, Lesbian, Bisexual Employees of the Federal Government)**  
P.O. Box 45237  
Washington, DC 20026-5237  
[www.fedglobe.org/](http://www.fedglobe.org/)

**Gay and Lesbian Alliance Against Defamation (GLAAD)**  
Headquarters  
150 W. 26th Street  
Suite 503  
New York, NY 10001  
800-GAY-MEDIA  
[www.glaad.org](http://www.glaad.org)

**Gay and Lesbian Community Center of Baltimore**  
241 W. Chase Street  
Baltimore, MD 21201  
410-837-5445  
[www.glccb@bgp.org](mailto:www.glccb@bgp.org)

**Gay and Lesbian Community Center of New Jersey, Inc.**  
626 Bangs Avenue  
Asbury Park, NJ 07712  
732-774-1809

**Gay and Lesbian Medical Association (GLMA)**  
459 Fulton Street  
Suite 107  
San Francisco, CA 94102  
415-255-4547  
[www.glma.org/](http://www.glma.org/)

**Gay and Lesbian Youth Support Project (GLYS)**  
A Program of Health Care of Southeastern Massachusetts, Inc.  
942 West Chestnut Street  
Brockton, MA 02301  
800-530-2770, X 214

**Gay, Asian and Pacific Islander Men of New York**  
P.O. Box 830  
Knickerbocker Station, NY 10002  
212-490-3446  
[www.gapimny@leftnet.net](mailto:www.gapimny@leftnet.net)

**Gay, Lesbian and Straight Education Network (GLSEN)**  
121 W. 27th Street  
Suite 804  
New York, NY 10001  
212-727-0135  
[www.glsen.org/](http://www.glsen.org/)

**Gay Lesbian Association of Retired Persons**  
10940 Wilshire Blvd., Suite 1600  
Los Angeles, CA 90024  
310-966-1500  
[www.gaylesbianretiring.org](http://www.gaylesbianretiring.org)

**Gay, Lesbian and Bisexual Community Services Center of Colorado**  
234 Broadway  
Denver, CO 80203  
303-733-7743  
[www.coloradopridecenter.org](http://www.coloradopridecenter.org)

**Gay Men's Health Crisis, Inc.**  
119 W. 24th Street  
New York, NY 10011  
212-807-6655  
[www.gmhc.org](http://www.gmhc.org)

**Gayellow Pages**

P.O. Box 533  
Village Station  
New York, NY 10014-0533  
212-674-0120  
[www.gayellowpages.com](http://www.gayellowpages.com)

**Haight Ashbury Free Medical Clinic**  
558 Clayton Street  
San Francisco, CA 94117  
415-487-5632  
[www.hafci.org](http://www.hafci.org)

**Human Rights Campaign**  
919 18th Street, NW., Suite 800  
Washington, DC 20006  
202-628-4160  
[www.hrcusa.org](http://www.hrcusa.org)

**Human Service Centers**

Lambda Treatment and Recovery Program  
87-08 Justice Avenue  
Suite 1G  
Elmhurst, NY 11373  
718-476-8480

**International Gay and Lesbian Human Rights Commission**  
1360 Mission Street, Suite 200  
San Francisco, CA 94103  
415-255-8680  
[www.iglhrc.org](http://www.iglhrc.org)

**International Lesbian and Gay Youth Organizations (ILGYO-USA)**  
P.O. Box 42463  
Washington, DC 20015-0463  
202-362-9624  
[members.aol.com/pepperlag2/iglyo/general.htm](http://members.aol.com/pepperlag2/iglyo/general.htm)

**Jewish Alcoholic and Chemically Dependent Persons and Significant Others (JACS)**  
850 Seventh Avenue  
New York, NY 10019  
212-397-4197  
[www.jacsweb.org](http://www.jacsweb.org)

**John Thomas Gay & Lesbian Community Center**  
2701 Reagan Street  
P.O. Box 190869  
Dallas, TX 75219-0869  
214-528-0144  
[www.resourcecenterdallas.org](http://www.resourcecenterdallas.org)

**The Lambda Center**  
4228 Wisconsin Avenue, NW.  
Washington, DC 20016  
877-2LAMBDA  
202-965-8434  
[www.psychinstitute.com](http://www.psychinstitute.com)

**Latino Gay Men of New York**  
P.O. Box 1103  
New York, NY 10025  
212-663-9148  
[www.pridenet.org](http://www.pridenet.org)

**Lesbian and Gay Community Services Center**  
Project Connect (Alcohol and Drug Abuse Counseling)  
Youth Enrichment Services (Prevention)  
One Little West 12th Street  
New York, NY 10014  
212-620-7310  
[www.gaycenter.org](http://www.gaycenter.org)

**Lesbian and Gay Health Project**  
P.O. Box 3203  
Durham, NC 27715-3203  
919-286-7475  
[qrd.drop.com/qrd/usa/north\\_carolina/LGHP](http://qrd.drop.com/qrd/usa/north_carolina/LGHP)

**Lesbian Community Project**  
P.O. Box 5931  
Portland, OR 97228  
503-233-3913  
[www.teleport.com/~lcppdx](http://www.teleport.com/~lcppdx)

**Lesbian, Gay and Bisexual People in Medicine**  
c/o American Medical Student Association  
1902 Association Drive  
Reston, VA 20191  
703-620-6600  
[www.amsa.org/sc/lgbpm.html](http://www.amsa.org/sc/lgbpm.html)

**Lesbian/Gay Community Service Center of Greater Cleveland**  
6600 Detroit Avenue  
Cleveland, OH 44102  
216-552-1999  
[www.lgcsc.org](http://www.lgcsc.org)

**Lesbian Resource Center**  
2214 South Jackson Street  
Seattle, WA 98144  
206-322-DYKE  
206-322-3965  
[www.lrc.net/](http://www.lrc.net/)

**The Mautner Project for Lesbians with Cancer**  
1707 L Street, NW., Suite 500  
Washington, DC 20036  
202-332-5536  
[www.mautnerproject.org](http://www.mautnerproject.org)

**Metropolitan Community Church**  
World Headquarters  
8704 Santa Monica Blvd.  
West Hollywood, CA 90069  
310-360-8640

**Milwaukee LBGT Community Center**  
P.O. Box 511189  
Milwaukee, WI 53203-0201  
414-271-2656  
[www.mkelgbt.org](http://www.mkelgbt.org)

**Minnesota Indian Women's Resource Center**  
2300 15th Avenue South  
Minneapolis, MN 55404  
612-728-2000  
[nnic.com/miwrc.html](http://nnic.com/miwrc.html)

**National Alliance for Hispanic Health**  
1501 16th Street, NW.  
Washington, DC 20036-1401  
202-387-5000  
[www.hispanichealth.org](http://www.hispanichealth.org)

**National Association of Alcoholism and Drug Abuse Counselors (NAADAC)**  
1911 North Fort Myer Drive  
Suite 900  
Arlington, VA 22209  
703-741-7686  
800-548-0497  
[www.naadac.org](http://www.naadac.org)

**National Association of Lesbian and Gay Addiction Professionals, Inc. (NALGAP)**  
c/o NAADAC  
1911 North Fort Myer Drive, Suite 900  
Arlington, VA 22209  
703-465-0539  
[www.prtac.com/nalgap.html](http://www.prtac.com/nalgap.html)

**National Black Lesbian and Gay Leadership Forum**  
1247 South Labrea  
Los Angeles, CA 90019  
323-964-7820

**National Center on Addiction and Substance Abuse at Columbia University**  
633 Third Avenue  
19th Floor  
New York, NY 10017-6706  
212-841-5200  
[www.casacolumbia.org](http://www.casacolumbia.org)

**National Coalition for Lesbian, Gay and Bisexual Youth**  
P.O. Box 24589  
San Jose, CA 95154-4589  
408-269-6125  
[www.outproud.org](http://www.outproud.org)

**National Council on Alcoholism and Drug Dependence, Inc. (NCADD)**  
12 West 21st Street, 7th Floor  
New York, NY 10010  
212-206-6770  
800-NCA-CALL  
[www.ncadd.org](http://www.ncadd.org)

**National Gay and Lesbian Task Force**  
1700 Kalorama Road, NW.  
Washington, DC 20009-2624  
202-332-6483  
[www.ngltf.org/](http://www.ngltf.org/)

**National Latino/a Lesbian, Gay, Bisexual and Transgender Organization (LLEGO)**  
1612 K Street, NW.  
Suite 500  
Washington, DC 20006  
202-466-8240  
[www.llego.org/](http://www.llego.org/)

**National Lesbian and Gay Journalists Association**  
2120 L Street, NW.  
Suite 840  
Washington, DC 20037  
202-588-9888  
[www.nlgja.org](http://www.nlgja.org)

**National Native American AIDS Prevention Center**  
436 14th Street, Suite 1020  
Oakland, CA 94612  
510-444-2051  
[www.nnaapc.org/](http://www.nnaapc.org/)

**New Leaf Services**  
1853 Market Street  
San Francisco, CA 94103  
415-626-7000  
[www.newleafservices.org](http://www.newleafservices.org)

**Parents, Families and Friends of Lesbians and Gays (P-FLAG)**  
1726 M Street, NW., Suite 400  
Washington, DC 20036  
202-467-8180  
[www.pflag.org](http://www.pflag.org)

**The Pride Center**  
Tulsa Oklahomans for Human Rights, Inc.  
P.O. Box 2687  
Tulsa, OK 74101  
918-743-4297

**Pride Institute**  
14400 Martin Drive  
Eden Prairie, MN 55344  
612-934-7554  
800-54-PRIDE  
[www.pride-institute.com](http://www.pride-institute.com)

**Progressive Research and Training for Action**  
440 Grand Avenue  
Suite 401  
Oakland, CA 94610-5012  
510-465-0547  
TDD 510-465-2888  
[www.prt.org](http://www.prt.org)

**Project Inform**  
205 13th Street, Suite 2001  
San Francisco, CA 94103  
800-822-7422  
[www.projectinform.org](http://www.projectinform.org)

**Project 100**  
Hartford Gay and Lesbian Community Center  
1841 Broad Street  
Hartford, CT 06114  
860-724-5542  
[www.project100htfd.com](http://www.project100htfd.com)

**San Francisco Women's Building**  
3543 18th Street  
San Francisco, CA 94110  
415-431-1180  
[sfwctwb@aol.com](mailto:sfwctwb@aol.com)

**Sexual Minority Youth Assistance League (SMYAL)**  
410 7th Street, SE.  
Washington, DC 20003-2707  
202-546-5940  
TTY 202-546-7796  
[www.smyal.org](http://www.smyal.org)

**SPHERE (Statewide Partnership for HIV Education in Recovery Environments)**  
A Program of Health Care of Southeastern Massachusetts, Inc.  
942 West Chestnut Street  
Brockton, MA 02301  
800-530-2770, x233

**Stonewall Alliance Center**  
P.O. Box 8855  
Chico, CA 95927  
530-893-3336  
[www.stonewallchico.org](http://www.stonewallchico.org)

**Texas Commission on Alcohol and Drug Abuse**  
P.O. Box 80529  
Austin, TX 78708  
800-832-9623  
512-349-6600  
[www.tcada.state.tx.us/](http://www.tcada.state.tx.us/)

**Therapeutic Communities of America (TCA)**  
1611 Connecticut Avenue, NW.  
Suite 4-B  
Washington, DC 20009  
202-296-3503  
[www.tcanet.org](http://www.tcanet.org)

**Tobacco Education Clearinghouse of California**  
P.O. Box 1830  
Santa Cruz, CA 95061-1830  
831-438-4822  
800-258-9090

**US Helping US**  
811 L Street, SE.  
Washington, DC 20003  
202-546-8200  
[www.ushelpingus.org](http://www.ushelpingus.org)

**Washington State Alcohol and Drug  
Clearinghouse**  
3700 Rainier Avenue South  
Suite A  
Seattle, WA 98144  
206-725-9696  
[www.adhl.org/clearinghouse](http://www.adhl.org/clearinghouse)

**Whitman-Walker Clinic**  
1407 S Street, NW.  
Washington, DC 20009  
202-797-3500  
[www.wwc.org](http://www.wwc.org)

**William Way Lesbian, Gay, Bisexual & Transgender  
Community Center**  
1315 Spruce Street  
Philadelphia, PA 19107-5601  
215-732-2220  
[www.waygay.org](http://www.waygay.org)

**Wisconsin Clearinghouse**  
University Health Services  
University of Wisconsin-Madison  
1552 University Avenue  
Madison, WI 53705-4085  
800-322-1468  
800-248-9244 (Wisconsin residents only)  
[www.wiclearinghouse.com](http://www.wiclearinghouse.com)





